

INVITED SPEAKERS

S. A. Kinnier Wilson, M. D., Neurologist to the King's College Hospital, University of London, will address the Second General Meeting on Wednesday, May 2, at 10 a. m. on "Sudden Cerebral Lesions." Doctor Wilson is also to speak to the Neuropsychiatry Section held in St. Paul's Church on Thursday, May 3, at 2:30 on "Narcolepsy."

H. Gideon Wells, M. D., Associate Professor of Pathology at the University of Chicago, will speak at the Third General Meeting on Thursday, May 3, at 10 a. m. on "Adipose Tissue"; and at the Fourth General Meeting on Thursday evening at 8 p. m. on "What the Layman Wants to Know About Cancer."

Ray Lyman Wilbur, M. D., President of Stanford University, will speak at the Second General Session on Wednesday, May 2, at 10 a. m. on "The Cost of a Medical Education."

Waltman Walters, M. D., of the Mayo Clinic, Rochester, Minnesota, will address the Second General Meeting on Wednesday, May 2, at 10 a. m. on "Acute Duodenal Fistula."

Charles S. Vivian, M. D., of Phoenix, Arizona, will speak on "Experience with the Colling's Electrotome" before the Urology Section, April 30, at 2:30 p. m.

Gunther W. Nagel, M. D., Mayo Clinic, Rochester, will talk on "Duodenitis" before the General Surgery Section on Wednesday, May 2, at 2:30 p. m.

Paul Arthur O'Leary, M. D., Assistant Professor of Dermatology at Mayo Clinic, Rochester, will speak before the Dermatology Section on "Four Years' Observation with Malaria Therapy in Patients with Neurosyphilis," on Wednesday, May 2, at 2:30 p. m.

Program

THE FIFTY-SEVENTH ANNUAL SESSION of the CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD
at
SACRAMENTO
CALIFORNIA



APRIL 30,
MAY 1, 2, 3
1928

SENATOR HOTEL—HEADQUARTERS

OFFICERS AND COMMITTEES, 1928

PERCY T. PHILLIPS, Santa Cruz, President
WILLIAM H. KIGER, Los Angeles, President-Elect
T. HENSHAW KELLY, San Francisco, Vice-President
EMMA W. POPE, San Francisco, Secretary and Editor
GEORGE H. KRESS, Editor

HARTLEY F. PEART, San Francisco, General Counsel
HUBERT T. MORROW, Los Angeles, Assistant General Counsel

COUNCILORS

First District

Lyell C. Kinney, San Diego (1930)
San Diego, Riverside, San Bernardino, and Imperial
Counties

Second District

William Duffield, Los Angeles (1928)
Los Angeles, Santa Barbara, Ventura, and Orange
Counties

Third District

William H. Bingaman, Salinas (1929)
San Luis Obispo and Monterey Counties

Fourth District

Fred R. DeLappe, Modesto (1928)
Fresno, Kern, Kings, Tuolumne, Merced, Mariposa,
Madera, Tulare, and Stanislaus Counties

Fifth District

John Hunt Shephard, San Jose (1929)
Santa Clara, San Mateo, San Benito, and Santa Cruz
Counties

Sixth District

Walter B. Coffey, San Francisco (1929)
San Francisco County

Seventh District

Oliver D. Hamlin, Oakland (1929)
Alameda, Contra Costa, San Joaquin, and Calaveras
Counties

Eighth District

Junius B. Harris, Sacramento (1928)
Sacramento, Amador, El Dorado, Alpine, Placer, Nevada,
Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen,
Mono, Inyo, Glenn, Colusa, Tehama, Shasta,
Modoc, and Siskiyou Counties

Ninth District

Henry S. Rogers, Petaluma (1929)
Marin, Sonoma, Lake, Mendocino, Solano, Napa, Del
Norte, Humboldt, and Trinity Counties

Councilors at Large

Robert A. Peers, Colfax (1928)
Joseph Catton, San Francisco (1929)
George H. Kress, Los Angeles (1929)
Harlan Shoemaker, Los Angeles (1929)
Morton R. Gibbons, San Francisco (1930), Chairman
Charles L. Curtiss, Redlands (1929)

DELEGATES AND ALTERNATES TO A. M. A.

Dudley Smith	(1928-1929)	Walter B. Coffey
Oakland		San Francisco
Albert Solland	(1928-1929)	William H. Gilbert
Los Angeles		Los Angeles
Martha Welpton	(1928-1929)	Eleanor Seymour
San Diego		Los Angeles
Victor Vecki	(1928)	William E. Stevens
San Francisco		San Francisco
Percy T. Magan	(1928)	Chas. D. Lockwood
Los Angeles		Pasadena

COMMITTEES

Executive Committee

O. D. Hamlin, Chairman	Morton R. Gibbons
William H. Kiger	Percy T. Phillips
T. Henshaw Kelly	George H. Kress

Emma W. Pope

Committee on Scientific Program

Emma W. Pope, Chairman	
Lemuel P. Adams (1929)	Leo Eloesser (1928)
Oakland	San Francisco
Robert V. Day (1930)	J. Marion Read (1928)
Monrovia	San Francisco

Auditing Committee

Oliver D. Hamlin, Chairman T. Henshaw Kelly

Committee on Arrangements

Junius B. Harris, Chairman
Robert A. Peers
Fred R. Fairchild
Finance—Frederick N. Scatena, Chairman; Hans Schluter.
Scientific Exhibits—Robert Pearson.
Commercial Exhibits—George A. Briggs.
Entertainment—E. S. Babcock, Chairman; H. W. Zimmerman.
Entertainment of Visiting Ladies—Mrs. F. F. Gundrum.
Golf and Hotels—Gustave Wilson.
Trap Shoot—C. E. Schoff.
Invited Speakers—F. F. Gundrum.

Publicity for 1928 Meeting

Junius B. Harris Robert A. Peers

1928 HOUSE OF DELEGATES

Membership

OFFICERS

Percy T. Phillips, Santa Cruz.....President
 William H. Kiger, Los Angeles.....President-Elect
 T. Henshaw Kelly, San Francisco.....Vice-President

COUNCILORS

Lyell C. Kinney, San Diego (1930).....First District
 William Duffield, Los Angeles (1928).....Second District
 William H. Bingaman, Salinas (1929).....Third District
 Fred R. DeLappe, Modesto (1928).....Fourth District
 John Hunt Shephard, San Jose (1929).....Fifth District
 Walter B. Coffey, San Francisco (1929).....Sixth District
 Oliver D. Hamlin, Oakland (1929).....Seventh District
 Junius B. Harris, Sacramento (1928).....Eighth District
 Henry S. Rogers, Petaluma (1929).....Ninth District
 Robert A. Peers, Colfax (1928).....At Large
 Joseph Catton, San Francisco (1929).....At Large
 George H. Kress, Los Angeles (1929).....At Large
 Farlan Shoemaker, Los Angeles (1929).....At Large
 Morton R. Gibbons, San Francisco (1930).....At Large
 Charles L. Curtiss, Redlands (1929).....At Large

DELEGATES and ALTERNATES

Alameda County (8)

F. S. Baxter
 F. H. Bowles
 W. L. Channell
 C. A. De Puy
 E. N. Ewer
 J. K. Hamilton
 Gertrude Moore
 D. N. Richards
 A. A. Alexander
 W. B. Allen
 H. H. Hitchcock
 S. A. Jelte
 J. W. Sherrick
 H. J. Templeton
 R. G. Van Nuys

Butte County (1)

D. H. Moulton
 P. L. Hamilton

Contra Costa County (1)

J. M. McCullough
 L. St. John Hely

Fresno County (2)

Thomas F. Madden
 C. O. Mitchell
 W. G. Milholland
 A. E. Anderson

Glenn County (1)

T. H. Brown
 Etta S. Lund

Humboldt County (1)

Orris R. Myers
 W. J. Quinn

Imperial County (1)

E. Le Baron
 B. R. Davidson

Kern County (1)

F. A. Hamlin
 Joseph Smith

Lassen-Plumas County (1)

S. M. Sproat
 James P. Warren

Los Angeles County (31)

A. B. Cooke
 Russell Sands
 W. H. Gilbert
 F. S. Dillingham
 Edward W. Hayes
 Philip H. Stephens
 Leroy B. Sherry
 Fitch C. E. Mattison
 W. A. Swim
 John H. Breyer
 James F. Percy
 Elmer E. Kelly
 Foster K. Collins
 Eleanor C. Seymour
 Albert Soiland
 Irving R. Bancroft
 John V. Barrow
 Fred B. Clarke
 W. W. Hutchinson
 George G. Hunter
 Joseph M. King
 E. Earl Moody
 W. S. Mortensen
 Lewis D. Remington
 Wilbur Parker
 Lyle G. McNelle
 C. G. Toland
 C. N. Suttner
 Robert V. Day
 Edward M. Palette
 George D. Stilson
 J. N. Van Meter
 William B. Bowman
 Roy E. Thomas
 Henry N. Shaw
 William Molony
 W. J. McKenna
 Sterling Pierce
 C. H. Weaver
 John W. Crossan
 Paul A. Ferrier
 R. G. Taylor
 Karl Dieterle
 J. G. Lynch
 A. E. Gallant
 Sven Lokrantz
 Gerald F. Smith
 H. B. Tebbetts
 George Thomason
 M. H. Ross
 H. Wilson Levengood
 Rolla G. Karshner
 Carl R. Howson
 H. P. Wilson
 W. L. Huggins
 Percy T. Magan
 R. Manning Clarke
 R. R. Montgomery
 Thomas Chalmers Myers
 Roy W. Hammack
 Walter P. Bliss
 H. A. Rosenkranz

Marin County (1)

C. F. Larson
 R. G. Dufficy

Mendocino County (1)

Donald R. Smith
 L. K. Van Allen

Merced County (1)

F. O. Lien
 A. S. Parker

W. M. Gratiot

M. M. Booth

Harry E. Zaiser
 R. A. Cushman

C. E. Lewis

Joseph W. Cook

R. N. Bramhall
 J. R. Snyder

Earl W. Hill

G. G. Moseley
 S. B. Richards

Mott H. Arnold
 Thomas O. Burger
 Will H. Potter
 Martha Welpton

Elbridge J. Best
 Walter W. Boardman
 LeRoy Brooks
 Harold Brunn
 Lloyd Bryan
 Edmund Butler
 Wm. R. P. Clark
 Henry Walter Gibbons
 John H. Graves
 Sol Hyman
 Alexander S. Keenan
 Eugene S. Kilgore
 William Palmer Lucas
 Howard C. Naffziger
 Langley Porter
 Henry A. L. Ryfkogel
 Alfred J. Zobel

J. W. Barnes
 B. J. Powell

G. David Kelker

W. O. Calloway

H. J. Ullmann

L. Boonshaft
 N. H. Bullock

A. L. Phillips

Ferdinand Stabel

Cordes W. Ankele

John W. Green

Arthur G. Lumsden

E. V. Falk

Frank L. Doane

E. R. Zumwalt

Homer D. Rose

J. Bianchi

Fred R. Fairchild

John A. Duncan

Monterey County (1)

H. M. Hoyt

Napa County (1)

W. L. Blodgett

Orange County (2)

J. I. Clark
 D. C. Cowles

Placer County (1)

J. A. Russell

Riverside County (1)

T. A. Card

Sacramento County (2)

Frank B. Reardon
 George Foster

San Benito County (1)

Emma E. McKay

San Bernardino County (2)

E. J. Eyttinge
 Walter Pritchard

San Diego County (4)

C. E. Howard
 F. L. Macpherson
 C. E. Rees
 Lillian B. Mahan

San Francisco County (17)

Robert R. Newell
 Guillaume D. Delprat
 William Dock
 Philip K. Gilman
 Henry Harris
 Irving S. Ingber
 Hans Lissner
 Robert C. Martin
 Harry R. Oliver
 Karl L. Schaupp
 Daniel W. Sooy
 Harry Spiro
 I. Walton Thorne
 Joseph M. Toner
 Victor G. Veckl
 Emma K. Willits
 J. Homer Woolsey

San Joaquin County (2)

F. J. Conzelmann
 C. V. Thompson

San Luis Obispo County (1)

G. L. Sobey

San Mateo County (1)

H. W. Macomber

Santa Barbara County (1)

F. R. Nuzum

Santa Clara County (2)

L. M. Rose
 H. E. Dahleen

Santa Cruz County (1)

D. S. Woodard

Shasta County (1)

Earnest Dozier

Siskiyou County (1)

R. H. Heaney

Solano County (1)

E. A. Peterson

Sonoma County (1)

J. Walter Seawell

Stanislaus County (1)

R. E. Maxwell

Tehama County (1)

John H. Belyea

Tulare County (1)

W. W. Tourtillott

Tuolumne County (1)

John P. Sweeney

Ventura County (1)

F. E. Blaisdell

Yolo County (1)

George W. Desrosier

Yuba-Sutter County (1)

G. S. Delamere

HOUSE OF DELEGATES MEETINGS

Program

FIRST MEETING

Memorial Hall, Auditorium, J Street, between 15th and 16th Streets, Sacramento, Monday, April 30, 8 p. m.
Open to Members of the California Medical Association

ORDER OF BUSINESS

1. Call to order.
 2. Roll call.
 3. Report of President, Percy T. Phillips.
 4. Appointment of the Reference Committee by the President.
 5. Report of the Council, Morton R. Gibbons, Chairman (presented before the First General Meeting).
 6. Report of the Committee on Scientific Program, Emma W. Pope, Chairman.
 7. Report of the Auditing Committee, Oliver D. Hamlin, chairman.
 8. Report of Secretary, Emma W. Pope.
 9. Report of the Editors, George H. Kress, Emma W. Pope.
 10. Report of the General Counsel, Hartley F. Peart.
 11. Unfinished business.
 12. New business. (Introduction of Resolutions.)
 13. Reading and adoption of minutes.
- Adjournment.

SECOND MEETING

Memorial Hall, Auditorium, J Street, between 15th and 16th Streets, Sacramento, Wednesday, May 2, at 8 p. m.
Open to Members of the California Medical Association

ORDER OF BUSINESS

1. Call to order.
 2. Roll call.
 3. Announcement of the place of session, 1929.
 4. Election of:
 - (a) President-Elect
 - (b) Vice-President
 - (c) Councillors
 - Second District—Incumbent, William Duffield, Los Angeles (1928).
 - Fourth District—Incumbent, Fred R. De Lappe, Modesto (1928).
 - Eighth District—Incumbent, Junius B. Harris, Sacramento (1928).
 - Councillors at Large—Incumbent, Robert A. Feers, Colfax (1928).
 - (d) Members on Program Committee:
 - Incumbent—Leo Eloesser, San Francisco (1928).
 - Incumbent—J. Marion Read, San Francisco ('28).
 - (e) Delegates and Alternates to A. M. A. Incumbents:

Delegates	Alternates
Victor Veckl (1928)	William E. Stevens
San Francisco	San Francisco
Percy T. Magan (1928)	Charles D. Lockwood
Los Angeles	Pasadena
 5. Report of Reference Committee.
 6. Presentation of President.
 7. Presentation of President-Elect.
 8. Reading and adoption of minutes.
- Adjournment.

GENERAL INFORMATION*

Registration and Information—The registration and information desk is located in the Lobby, Auditorium. All persons attending the convention, whether members or not, are requested to register immediately on arrival. Beginning Monday, April 30, registration secretaries will be on duty daily from 9 a. m. until 5 p. m.

Guests and Visitors—All guests and visitors are requested to register. All General Meetings and scientific meetings are open to visitors and guests.

Badges—Four kinds of badges will be issued by the registration bureau:

1. **Members**—Only active, associate, affiliate or honorary members of the California Medical Association will be issued the usual membership badge. Members must show membership cards when they register.

2. **Guest**—A special badge will be issued to all fraternal delegates, visiting physicians, physiotherapists, medical social workers, nurses, and other technical specialists who are attending the 1928 Session.

3. **Delegates and Alternates**—The usual official badge is provided for this purpose, and will be issued only to persons authorized to wear it.

4. **Councillors**—An official badge is provided for all officers and members of the Council.

Membership Cards—Every member in good standing in the California Medical Association has been issued an official membership card for 1928. Present membership card at Registration Desk.

Suggestions and Constructive Criticism—The officers and committees have tried to do everything possible to make the Session a success. Suggestions and constructive criticism calculated to make future sessions more useful will be welcomed by any of the officers. Complaints of whatever character should be made to the registration desk, where they will receive attention.

Social Program—The social program is in the hands of the Entertainment Committee, and is published at the end of this program.

Press Representatives—Accredited press representatives are welcome, and they will be accorded every possible courtesy.

Publicity—All publicity is in the hands of the Publicity Committee. It is requested that all persons having matter of "news" value report it to this committee. It is particularly requested that all "news" about any phase of the convention be given out through the official committee, and in no other way.

Exhibits—Only advertisers in California and Western Medicine are permitted to exhibit at the annual meeting.

Rules Regarding Papers and Discussions at the State Meeting—Upon recommendation of the Executive Committee, the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss more than once any one subject.

4. A copy of each and every paper presented at the State meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

5. All papers read at the Annual Meeting shall be published in full in California and Western Medicine as soon after the meeting as space will permit, or at the option of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting with reprints in full of the entire paper, (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author.)

6. Articles are accepted for publication on condition that they are contributed solely to California and Western Medicine. Authors desiring to publish their papers elsewhere than in the Journal may have their manuscripts returned to them upon written request to the state secretary.

7. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any State Meeting, provided that a member may be a collaborator on more than one paper, if these papers are presented by different authors.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Executive Committee his inability to fulfill his obligation.

* See page 528 for Entertainment Program, Golf Tournament, etc.

DIAGRAM OF MEETINGS—GENERAL AND SECTION

		Little Theater	Memorial Hall	Church	Room A	Room B	Room C	Room D
Monday April 30	10-12:30	First General Meeting—Presidential Address and Committee Reports in the Main Auditorium						
	2:30	General Medicine	General Surgery	Obstetrics	Dermatology	Industrial Medicine and Surgery	Urology	
	8-10	First House of Delegates—Memorial Hall—All C. M. A. members invited						
Tuesday May 1	10-12:30	Morning devoted to entertainment—golf tournament, trap shoot, etc.						
	2:30	General Medicine	Industrial Medicine and Surgery	Gynecology	Anesthesiology	Radiology	Pathology	Neuropsychiatry
	8:00	Dinner Dance—Main Dining Room—Hotel Senator						
Wednesday May 2	10-12:30	Second General Meeting—Invited Guests—Main Auditorium						
	2:30	*Pediatric	General Surgery	Dermatology	Neuropsychiatry	Eye, Ear, Nose, and Throat	Urology	Radiology
	8-10	Second House of Delegates—Memorial Hall—All C. M. A. members invited						
Thursday May 3	10-12:30	Third General Meeting—Invited Guests—Main Auditorium						
	2:30	General Medicine	General Surgery	Neuropsychiatry	Anesthesiology	Eye, Ear, Nose, and Throat	Pathology	
	8-10	Fourth General Meeting—Public Health Meeting—Main Auditorium						

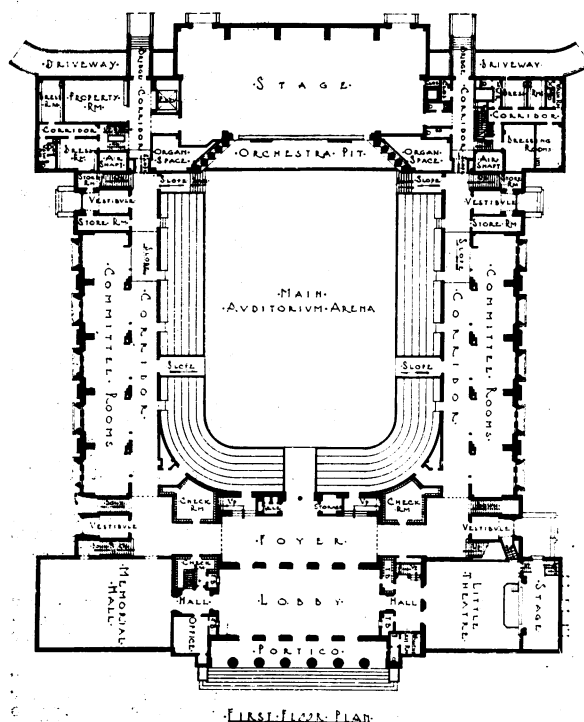
SCIENTIFIC EXHIBITS

Room E:

Motion pictures of living animals' hearts—Harry Spiro, M. D.; William W. Newman, M. D.

Memorial Hall:

1. Drawings—Ralph R. Sweet.
2. Exhibit by Charles E. von Geldern, M. D.
3. Demonstration of gall-bladder disease with one hundred mounted specimens—Stanley H. Mentzer, M. D.
4. Exhibit by the Cardiac Committee of the California Tuberculosis Association—Specimens and drawings; electrocardiograms and electrical stethoscope; moving-picture films in Room E—William Kerr, M. D.



Auditorium, J Street, between 15th and 16th

MEETINGS, DINNERS AND LUNCHEONS

Meetings of the House of Delegates—Monday and Wednesday evenings, April 30 and May 2, at 8 p. m. in Memorial Hall, Auditorium.

Council Meetings, Suite 221, Hotel Senator:

- First Meeting—Sunday, April 29, at 8 p. m.
- Second Meeting—Monday, April 30, at 2:30 p. m.
- Third Meeting—Tuesday, May 1, at 2:30 p. m.
- Fourth Meeting—Wednesday, May 2, at 2:30 p. m.
- Fifth Meeting—Thursday, May 3, at 2:30 p. m.

General Meetings—The public is invited to attend all General Meetings:

Monday, 10 a. m. to 12:30 p. m.—Presidential Addresses, main Auditorium.

Wednesday, 10 a. m. to 12:30 p. m.—Addresses, invited guests, main Auditorium.

Thursday, 10 a. m. to 12:30 p. m.—Addresses, invited guests, main Auditorium.

Thursday, 8 p. m.—Public Health Meeting, main Auditorium.

President's Dinner and Dance—Tuesday evening, ballroom, Hotel Senator.

Secretaries' Luncheon—Thursday, 12:30 to 2 p. m., Hotel Senator, Room 225.

Presidents and secretaries of constituent societies are requested to be present at a luncheon to be held at Hotel Senator on Thursday at 12:30. Please make your reservations for this luncheon at the registration desk as early as possible.

Program Committee and Section Officers' Luncheon—Wednesday, 12:30 to 2:30 p. m., Hotel Senator, Room 225.

The Program Committee and all incoming and outgoing section secretaries and chairmen are invited to attend this luncheon. Please make reservations at the registration desk.

*Clinic on Pediatrics: Thursday morning, May 3, Sutter Hospital, Twenty-Eighth and L Streets.

GENERAL MEETINGS

Main Auditorium—J Street, between 15th and 16th Streets

FIRST GENERAL MEETING

Monday, April 30, 10 a. m.

1. *Invocation*—Rev. William H. Hermitage, St. Paul Episcopal Church.
2. *Address of Welcome*—His Excellency Clement C. Young, Governor of the State of California.
3. *President's Annual Address—Narcotics*—Percy T. Phillips, M. D.
4. *Address of President-Elect*—William H. Kiger, M. D.
5. *Annual Report of Council*—Morton R. Gibbons, M. D.
6. *Report of Arrangements Committee*—Junius B. Harris, M. D.

SECOND GENERAL MEETING

Wednesday, May 2, 10 a. m.

1. *Sudden Cerebral Lesions*—S. A. K. Wilson, M. D., University of London, England.
2. *The Cost of a Medical Education*—Ray Lyman Wilbur, Stanford University, Palo Alto.
3. *Address*—R. H. Creel, M. D., Marine Hospital, San Francisco.

THIRD GENERAL MEETING

Thursday, May 3, 10 a. m.

1. *Adipose Tissue*—H. Gideon Wells, M. D., University of Chicago, Chicago, Illinois.
2. *Acute Duodenal Fistula*—Waltman Walters, M. D., Mayo Clinic, Rochester, Minnesota.

FOURTH GENERAL MEETING

Thursday, May 3, 8 p. m.

1. *What the Layman Wants to Know About Cancer*—H. Gideon Wells, M. D., Chicago.

SECTION MEETINGS

ANESTHESIOLOGY SECTION



MARY F. KAVANAGH, M. D.
Chairman
1020 Union Street
San Francisco

R. G. HENDERSON, M. D.
Secretary
Bank of Italy Building
Broadway and Pine
Streets
Long Beach

FIRST MEETING

Room A, Auditorium
Tuesday, May 1
2:30 p. m.

1. Chairman's Address—*The Origin of the Word "Anesthesia"*—Mary F. Kavanagh, M. D.
2. *Anesthesia in Obstetrics*—Frank W. Lynch, M. D., University of California Hospital, San Francisco.
Discussion by Caroline B. Palmer, M. D., and R. T. Hastreiter, M. D.
The paper considers the merits and demerits of the anesthetics now usually given by inhalation to produce analgesia, such as ethylene, nitrous oxid, and oxygen, and also reviews the results that have been obtained with the Gwathmey method and modifications in the University of California obstetrical clinic.
3. *Ethylene Anesthesia*—W. W. Hutchinson, M. D., 914 Detwiler Building, 412 West Sixth Street, Los Angeles.
Discussion by Mary E. Botsford, M. D., and Edgar I. Leavitt, M. D.

Ethylene: its advantages and disadvantages; observations from use in over two hundred patients where ethylene has been personally used in the Hollywood Hospital in the last six months of 1927. Precautions and lack of precautions in hospitals. Results: good and bad; postoperative

complications in any way attributable to ethylene. Summary and conclusions.

4. *Nitrous Oxid in Oral Surgery*—Mary E. Botsford, M. D., 807 Francisco Street, San Francisco.

Discussion by Neil C. Trew, M. D.

Growing recognition of importance of focal infections in production of general pathological conditions, causing increased number of tonsillectomies and dental extractions. Frequent necessity of these operations being done in presence of pulmonary and renal conditions contraindicating ether. Résumé of two hundred cases of nitrous oxid-oxygen anesthetics for oral surgical procedures.

5. *Training of Anesthetists in Great Britain*—Clare Malone, M. D., St. Luke's Hospital, San Francisco.

In Great Britain the specialty of anesthesia solely in the hands of physicians. Legal side of the question. Women in the specialty. Methods of training in medical schools. Hospitals in Great Britain and arrangement of the anesthetic staffs therein.

SECOND MEETING

Room A, Auditorium

Thursday, May 3, 2:30 p. m.

1. *Transsacral Anesthesia and Its Relation to General Surgery*—E. J. Kilfoy, M. D., 709 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Transsacral anesthesia is not a difficult procedure, and it does away with many postoperative complications, such as pleurisy, pneumonia, and pulmonary emboli, and it is in this way a material aid in lowering the surgical mortality. Failure to produce anesthesia lies in the hands of the anesthetist. If used and used successfully the patient is a "booster"; if unsuccessful the patient is a "knocker," so the operator must make sure in his own mind that the area is completely anesthetized.

2. *Spinal Anesthesia with Special Reference to the Use of Ephedrin*—Hall G. Holder, M. D., 1301 Medico-Dental Building, 233 A Street, San Diego.

One hundred fifty-one cases of spinal anesthesia are reported with no morbidity or mortality and only one failure. Subjective and objec-

tive symptoms and sensations during the anesthetic occurred in about 3 per cent of cases. There was no postanesthetic sequelae other than headache, which occurred in only one, lasting more than twenty-four hours. Approximately one-half of the series received ephedrin. In those cases given 100 mg. or over of novocain without ephedrin, there was an average blood pressure drop of 37.5 mm., while those receiving it had an average drop of 12.8 mm. The sustained epinephrin-like action of ephedrin is definitely shown and its value in stabilizing blood pressure in spinal anesthesia clearly indicated.

3. *The Heart in Reference to Anesthesia*—R. W. Langley, M. D., 312 Professional Building, 1052 West Sixth Street, Los Angeles.

Discussion by Robert Burrows, M. D., and Neil C. Trew, M. D.

Proper evaluation of the risk to be taken is the most important factor in the management of cardiac cases in anesthesia. The type of anesthesia to be chosen will depend upon a thorough study of the cardiovascular condition. The skill of the anesthetist and his management is more important than the type of anesthesia.

4. *Anesthesia for Head Operations*—L. A. Rethwilm, M. D., 2217 Webster Street, San Francisco.

Discussion by Dorothy Wood, M. D., and Harry T. Cook, M. D.

1. Eye, nose, and throat operations: (a) usual procedure; (b) special cases under N_2O-O . 2. Eye operations: (a) under ether anesthesia; (b) under N_2O-O anesthesia—reasons for using and method of administering. 3. Other surgical head cases: particular technique during cautery excision of carcinoma of tongue, palate, etc.

5. *Anesthesia at the San Francisco Unit Shriners' Hospital for Crippled Children*—Emma Buckley, M. D., 2111 Hyde Street, San Francisco.

Nitrous oxid-oxygen throughout for delicate or weakened children or short operation. Ether or ether-oxygen the usual anesthetic. Preoperative preparation by isolation, external locals and atropin by mouth under 5 years; morphin and atropin hypodermically for older children. In closed cases where manipulation and change of position frequent, ether most efficient. Measures during operation and postoperative care taken to prevent postoperative complications.

DERMATOLOGY AND SYPHILOLOGY



KENDAL P. FROST, M. D.

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*IRWIN C. SUTTON, M. D.
Secretary

FIRST MEETING
Room A
Auditorium
Monday, April 30
2:30 p. m.

1. *Skin Diseases and Their Importance to the General Practitioner—Considered from the Viewpoint of the Dermatologist*—C. Ray Lounsberry, M. D., 1111

* Deceased.

Medico-Dental Building, 233 A Street, San Diego.

Discussion opened by Charles E. Schoff, M. D., Sacramento.

A consideration of diseases of the skin. Their relation to general pathological condition. Anaphylaxis. Importance of painstaking diagnosis. Treatment considered from internal as well as external points of view. Illustrated by case report.

2. *Erosio Interdigitalis Blastomycetica*—G. F. Koetter, M. D., 812 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Discussion opened by Norman Epstein, M. D., San Francisco.

Erosio interdigitalis blastomycetica is of saccharomycetic origin. Commonly seen in women who wash clothing. Soap suds an important factor in the continuance of the infection. Absence of vesication, chronicity, fixed location, and the occurrence of the disorder on the hands of washerwomen, make the dermatosis worthy of consideration as an entity.

3. *Gold and Sodium Thiosulphate in the Treatment of Lupus Erythematosus*—Hiram E. Miller, M. D., 803 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Samuel Ayres, M. D., Los Angeles.

A brief review of the use of gold compounds in the treatment of tuberculosis and other allied conditions. Personal experience in the treatment of fifty or more patients with lupus erythematosus, erythema induratum, and a few with diseases of obscure etiology such as lichen planus, urticaria, pigmentosa, psoriasis, etc. Contraindications to the use of the drug, reactions, recurrences, etc., will be discussed.

4. *The Radio Knife in Dermatologic Surgery*—H. J. Templeton, M. D., 3115 Webster Street, Oakland.

Discussion opened by Harry Alderson, M. D., San Francisco.

Review of the literature. Consideration of the physics of the current used. Experiments. Method of using knife. Practical points. Advantages and disadvantages. Review of cases treated by this method, including epitheliomas of the skin, lip and tongue, extra mammary, Paget's disease, melanomas, Naevi, carbuncles, fibromyxoma, and removing tissue for biopsies.

5. *Observations on the Value of X-Ray Therapy in Dermatology*—L. F. X. Wilhelm, M. D., 410 California Medical Building, 1401 South Hope Street, Los Angeles.

Discussion opened by H. J. Templeton, M. D., Oakland.

A brief sketch of the evolution of modern x-ray therapy in dermatology; pathologic changes produced in the skin; factors and tests determining skin tolerance; necessity of keeping well within the limits of skin tolerance. Cases showing evils of exceeding limits of skin tolerance. Limitations of and contraindications to its use.

6. *Improvement in Appearance of Scars, Hypertrophied Scars, and Keloids by Physiotherapy, X-Rays, Ultra-Violet Rays from Quartz Lamp, Radium Emanations, Applications of Carbon Dioxid Snow, and Acids*—H. C. L. Lindsey, M. D., Pasadena.

Discussion opened by George Koetter, M. D., Los Angeles.

Acne of various types, lupus vulgaris, lupus erythematosus, healed surgical wounds, x-ray burns, thermal burns, tuberculous involution ulcers and repaired syphilitic lesions, sometimes render people less efficient and less beautiful in personal appearance by unsightly cicatrices, and much can be corrected and rendered less

conspicuous by artistic use of armamentaria mentioned.

SECOND MEETING

Church, Fifteenth and J Streets
Wednesday, May 2, 2:30 p. m.

1. *Early Writings on Syphilis*—Merrill W. Hollingsworth, M. D., 409 First National Bank Building, Santa Ana.

Discussion opened by George Dock, M. D., Pasadena.

From original Latin volumes in the University of Vienna. Was "lepra" of the Middle Ages leprosy or syphilis? Correlation of the varied picture during the 1494-96 epidemic of syphilis, with observations in Soviet Russia. Jean Astruc's reasons for denying the possibility of syphilis being caused by a micro-organism.

2. *Four Years' Observation with Malaria Therapy in Patients with Neurosyphilis*—Paul A. O'Leary, M. D., Mayo Clinic, Rochester, Minnesota.

The results in the first one hundred patients with neurosyphilis treated by malaria therapy and observed for four years; the type and degree of clinical and serological improvement; types of neurosyphilis best suited for the method; analyses of the failures including the deaths; a comparative evaluation of the various methods of treating neurosyphilis; illustrative case reports.

3. *The Non-Specific Diagnosis of Congenital Lues*—Stuart C. Way, M. D., 320 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Harry Coe, M. D., Oakland.

The minor diagnostic signs in congenital syphilis, with special reference to anatomical dystrophies and other pathological abnormalities, the importance of which is frequently confirmed by the Wassermann or other serological tests.

4. *A Syphilologist's Ideal Clinic*—Ernest K. Stratton, M. D., 414 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by H. J. Templeton, M. D., Oakland.

Social service activities. History and treatment charts. Arrangement of the examination and treatment rooms. A properly equipped laboratory adjoining. Cooperation to and from other departments.

5. *Actinomycosis*—Norman N. Epstein, M. D., 803 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by George Culver, M. D., San Francisco.

Example of actinomycosis in a young male adult. On incision pus containing "sulphur granules" exuded from the abscesses. Organisms identified microscopically. Were cultured. Condition has apparently been cured by use of sodium iodid intravenously, and by non-specific protein therapy.

6. *Further Observation on the Treatment of Coccidioides*—H. P. Jacobsen, 1016 South Alvarado Street, Los Angeles.

Discussion opened by Hiram E. Miller, M. D., San Francisco.

Two additional cases of coccidioides treated with colloidal copper apparently successfully. The elapse of one year since the report of the first two cases of the disease treated with colloidal copper successfully has produced sufficiently encouraging results to justify its further employment.

EYE, EAR, NOSE, AND THROAT SECTION



SIMON JESBERG, M. D.

SIMON JESBERG, M. D.

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Oakland

FIRST MEETING

Room B, Auditorium

Wednesday, May 2

2:30 p. m.

1. Chairman's Address—Simon Jesberg, M. D.

2. *Prolonged Monocular Occlusion in Diagnosis of Heterophoria*—Edward M. Talbott, M. D., Oakland Bank Building, Oakland.

Discussion opened by R. J. Nutting, M. D.

As a cycloplegic is used in diagnosing a metroopia; so prolonged monocular occlusion should be used in selected cases to determine the existence of muscle imbalance. It should be continuously maintained until two successive tests give similar results; usually a week. Treatment: based upon this test often relieves persistent asthenopia.

3. *Sight-Saving Classes in California*—Frank H. Rodin, M. D., 505 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Anita M. Muhl, M. D.

The paper deals with the conservation of vision of myopic children and the education of those children whose sight does not permit them to study in the regular grades. It also covers a survey of what is being done by the various Boards of Education in the cities and counties of California, where sight-saving classes have been established and the type of children educated there.

4. *A Typical Lateral Sinus Disease*—A. S. J. Smith, M. D., 410 Twohy Building, San Jose.

Discussion opened by Dorothea Lee, M. D.

Case No. 1, septic clot extending from torcular herophili to bulb of jugular without mastoid sepsis following extensive hemorrhage from ear. Case No. 2, wherein symptoms simulated lateral sinus thrombosis, sinus exposed and found healthy. Recovery without operation. Case No. 3, venous hemorrhage from mastoid cells, small opening in sinus wall without apparent perisinus abscess.

5. *Reconstruction of the Auricle*—George W. Pierce, M. D., 720 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by H. B. Graham, M. D.

Most reconstructed ears have a marked tendency to contract. The new operation demonstrated in this paper provides an auricle which does not shrink. The paper is illustrated with moving pictures, and shows three examples of reconstruction. 1. Complete loss of ear from

trauma. 2. Loss of half the auricle from trauma.
3. Congenital absence of the auricle.

6. *Unilateral Exophthalmos in Toxic Goiter*—Samuel A. Durr, M. D., 1304 Medico-Dental Building, 233 A Street, San Diego.

Discussion opened by Frank W. Miller, M. D.

Standard textbooks of ophthalmology do not mention Graves' disease as an etiological agent in unilateral exophthalmos. A short discussion of the causes of exophthalmos is given. Two case histories are detailed of patients showing unilateral exophthalmos, with a co-existing Graves' disease. In neither of these did there seem to be any other causative factor, and both improved very rapidly under iodids and bed rest.

SECOND MEETING

Room B, Auditorium

Thursday, May 3, 2:30 p. m.

1. *The Untoward Effects of Protein Therapy in Ophthalmic Practice*—M. N. Beigelman, M. D., 1244 Roosevelt Building, 727 West Seventh Street, Los Angeles.

Discussion opened by Otto Barkan, M. D.

Various forms of anaphylaxis in protein therapy—from slight vascular disturbances to death. Frequency and preventive methods; focal reactions in the treatment of corneal and uveal lesions; untoward effects in keratomalacia and corneal herpes; possibility of an increase in tension in secondary glaucoma, illustrated by case histories.

2. *Allergic Rhinitis*—H. P. Merrill, M. D., 702 Title Insurance Building, Los Angeles.

Discussion opened by George Piness, M. D.

Allergic rhinitis not a disease entity, but a local manifestation of general hypersensitivity. The local signs, gross and microscopic pathology have been known for years. Failure to recognize their allergic origin still leads to treatment of these cases as infections, neuroses and nasal reflexes. Rhinologists must become familiar with the methods of diagnosis and treatment of allergic conditions if these cases are to be handled properly.

3. *Chronic Purulent Otitis Media*—Frank E. Detling, M. D., 907 Chapman Building, Los Angeles.

Discussion opened by F. M. Shook, M. D.

Neglected subject, not having been presented on annual program since 1909. Most vital to patient; frequent complications and grave possibilities make it the largest and most important chapter in otology. Prophylaxis—full economic and medical problem of condition not fully appreciated. Frequency at Los Angeles General Hospital in contagious department. Diagnosis. Treatment. (a) Medical (50 to 75 per cent curable). (b) Surgical: indications and contra-indications.

4. *The X-Ray as an Aid in the Injection of the Sphenopalatine Ganglion*—O. H. Homme, M. D., 918 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Isaac H. Jones, M. D.

The sphenopalatine foramen and the pterygo-palatine canal can be seen by x-ray. When needles are inserted their relation to the ganglion region and surrounding structures can be determined. Thus dangers of the injection are lessened, and more successful results can be expected.

GENERAL SURGERY SECTION



CHARLES E. PHILLIPS, M. D.

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Section

615 Medico-Dental
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490 Post Street
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BURNS S. CHAFFEE, M. D.
Secretary Southern
Section

917 Security Building
Long Beach

FIRST MEETING

Memorial Hall, Auditorium
Monday, April 30, 2:30 p. m.

1. Chairman's Address—*Statistical Studies and Medical Efficiency*.
2. *The Commoner Surgical Lesions of the Rectum and Anus—Treatment*—M. S. Woolf, M. D., Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Dudley Smith, M. D., and William H. Kiger, M. D.

Anatomy of the anal canal with especial reference to the sphincter and levator ani muscles. Hemorrhoids. The value and method of treatment by injections. Results. Fissure in ano. Why treatment may fail. Fistula and abscess. External opening not always necessary for treatment of the latter. Treatment depends on anatomy. Multiple fistulae.

3. *Acute Pancreatitis*—W. H. Olds, M. D., Consolidated Building, 607 South Hill Street, Los Angeles.

Discussion opened by Frederick Leet Reichert, M. D., and Frank B. Reardon, M. D.

A report of seven cases of acute pancreatitis. Essential operative findings and postoperative complications brought out. Especial emphasis on proper drainage and postoperative care. Some conclusions reached after reviewing these cases.

4. *Reconstruction of Long Bones*—Harlan Shoemaker, M. D., Bank of Italy Building, 649 South Olive Street, Los Angeles.

Discussion opened by Thomas J. Nolan, M. D., and Donald Cass, M. D.

Immediate reconstruction following fracture. Reconstruction of old fractures: (a) Overcoming shortening. (b) Overcoming angulation. (c) Overcoming muscle and tendon contractures. (d) Avoidance of shock.

Methods. Internal fixation: (a) Foreign bodies. (b) Grafts. (c) Plastic work. External fixation: (a) Casts. (b) Braces. (c) Combination of braces and casts and traction.

5. *Fractures of the Elbow Region, Prognosis and Treatment*—H. D. Barnard, M. D., 2417 South Hope Street, Los Angeles.

Discussion opened by Thomas R. Haig, M. D., and J. Judson Sale, M. D.

First section takes up the epiphyseal development of elbow from a diagnostic and surgical standpoint. The more common types of fracture are exhibited showing the approximate functional end-result to be expected in each type. X-rays and function demonstrated in each case. Last section shows author's method of treatment. (Moving-picture film.)

6. *The Control of Intractable Pain*—E. B. Towne, M. D., 612 Union Square Building, 350 Post Street, San Francisco.

Discussion opened by Walter Coffey, M. D., and Howard Fleming, M. D.

The pain of inoperable malignant disease may be abolished by certain neurosurgical procedures: (1) alcohol injection or division of the sensory root of the trigeminal nerve, (2) division of the glossopharyngeal nerve in the posterior fossa of the skull, and (3) division of the anterolateral columns of the spinal cord in the upper dorsal region. (Lantern slides.)

SECOND MEETING

Memorial Hall, Auditorium
Wednesday, May 2, 2:30 p. m.

1. *"By Their Fruits Ye Shall Know Them"*—T. W. Huntington, M. D., 220 Montgomery Street, San Francisco.
No discussion.

2. *Inguinal Hernia Containing Fallopian Tube*—Alanson Weeks, M. D., and G. D. Delprat, M. D., Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Clinton Collins, M. D., and Eugene Falk, M. D.

Case of pelvic inflammatory disease in which there was a swelling below Poupart's ligament. This was thought first to be either a bubo or extension of the inflammation along the broad ligament and out through the inguinal opening; it was found to be a right tube which was contained in the inguinal canal.

3. *Duodenitis*—Gunther W. Nagel, M. D., Rochester, Minnesota. (By invitation.)

Discussion opened by John Homer Woolsey, M. D., and Charles T. Sturgeon, M. D.

Duodenitis is a surgical and pathological entity characterized by circumscribed or diffuse inflammation of the first portion of the duodenum. Secondary inflammatory changes in the tissues surrounding duodenal ulcer are well known. Inflammation as a primary lesion and its place in the ulcer problem are discussed.

4. *Bronchiectasis*—Harold Brunn, M. D., and William B. Faulkner, M. D., Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Loren Roscoe Chandler, M. D., and Hans Schiffbauer, M. D.

The mechanical principles involved in the production of the bronchiectasis. The etiological factors including influenza and war gases. The insidious onset and the difficulty of diagnosis of early cases by physical signs alone. Lipiodol, bronchoscopy, and pneumothorax are very useful in the diagnosis of cases while still amenable to treatment.

5. *The Importance of Alkalosis in Certain Preoperative Lesions and Postoperative Lesions of the Upper Gastro-Intestinal Tract*—E. Eric Larson, M. D., Woodland Clinic, Woodland; and D. Schuyler Pulford, M. D., Woodland Clinic, Woodland.

Discussion opened by H. G. Wells, M. D., and Leo Pecci Bell, M. D.

It is necessary to recognize the presence of alkalosis, the opposite of acidosis, in lesions of the upper gastro-intestinal tract. Attention is called to three different types of conditions with the clinical and blood chemical findings. The manner of treatment, preoperatively and post-operatively, as well as the results obtained, is shown.

6. *The Circulatory Phenomena Attending an Arterio-venous Aneurysm and Their Importance in Relation to Surgical Therapy*—Emile Holman, M. D., Stan-

ford Hospital, 2398 Sacramento Street, San Francisco.

Discussion opened by William Dock, M. D., and C. D. Lockwood, M. D.

Cardiac decompensation is the inevitable result of any large arteriovenous communication if allowed to remain for sufficient length of time. Hence, it is important to treat the lesion by surgical methods, preferably by excision and quadruple ligation. Ligation of the artery proximal to a fistula in an extremity is contraindicated because of danger of gangrene beyond the fistula.

THIRD MEETING

Memorial Hall, Auditorium
Thursday, May 3, 2:30 p. m.

1. *Adenomatous Goiter*—F. B. Settle, M. D., 610 Security Building, First and Pine Avenue, Long Beach.

Discussion opened by J. L. Maupin, M. D., and Joseph F. Walsh, M. D.

1. The first anomaly of the thyroid gland to be treated surgically. 2. The relative incidence as compared to other surgical lesions—age, sex. 3. The prolonged pretoxic and other preclinical periods—Tendency to regard so-called "innocent goiter" lightly—Its relation to sexual phenomena in women—puberty—childbearing—menopause.

2. *The Distribution of Endemic Goiter in California*—Henry Hunt Searls, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Discussion opened by Wallace I. Terry, M. D., and Clarence Toland, M. D.

From the residence history in case records of the endemic types of goiter, the locality in which the goiter developed was definitely established in 450 cases. A map of California on which these localities are plotted shows certain regions where the incidence of endemic goiter is quite high.

3. *The Importance of Differential Diagnosis in Toxic Goiter*—A. B. Cooke, M. D., Roosevelt Building, 727 West Seventh Street, Los Angeles.

Discussion opened by Philip Gilman, M. D., and J. H. Shepard, M. D.

Is there essential difference between the hyperthyroidism of exophthalmic goiter and that of toxic adenoma? Is iodine (Lugol's solution) beneficial in one type and harmful in the other? Affirmative answer to these two questions establishes the importance of differential diagnosis. Discussion of the means available for reaching correct conclusions in diagnosis.

4. *Graft of Human Fetal Pancreas in Diabetes*—Leo Eloesser, M. D., Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Eugene Kilgore, M. D., and Howard West, M. D.

A graft of fetal pancreas tissue was successful in reducing the amount of fetal insulin in a young diabetic by 50 per cent.

5. *Traumatic Shock—Its Newer Aspects and Treatment*—George K. Rhodes, M. D., 315 Fitzhugh Building, 384 Post Street, and Carol McKenney, M. D., 1243 Flood Building, 870 Market Street, San Francisco.

Discussion opened by Ernest Falconer, M. D., and James O'Connor, M. D.

This paper will endeavor to review the clinical aspects of traumatic shock and discuss the modern conception of the problems involved. The more generally accepted theories will be reviewed and a rational treatment outlined which will be submitted as based on acceptable experimental data.

GENERAL MEDICINE SECTION



JAMES F. CHURCHILL, M. D.

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Oakland

FIRST MEETING

Little Theater
Auditorium
Monday, April 30
2:30 p. m.

1. *A Special Autogenous Vaccine*—Oscar F. Johnson, M. D., 510 Physicians Building, 1027 Tenth Street, Sacramento.

Autogenous vaccine prepared by method of Solis-Cohen. Used in chronic cases seen in general practice. Patient's bacteria cultured in about 6 cc. of his own blood. Natural antiseptic properties of blood destroy organisms to which he has an immunity. Vaccine made from surviving organisms; method of distinct value.

2. *The Treatment of Polycythemia Vera with Phenylhydrazine*—Samuel H. Hurwitz, M. D., 1214 Medico-Dental Building, 490 Post Street, San Francisco, and Joseph Levitin, M. D., 3856 California Street, San Francisco.

Clinical symptoms of polycythemia vera (Osler's disease; Vaquez's disease) mainly due to increased bulk of red cells resulting from excessive erythroblastic activity of the bone marrow. Treatment therefore concerned with relief of symptoms by reducing total blood mass: venesection, roentgen rays, radium, and benzol, all employed with some modicum of success. Case reported.

3. *A Fatal Case of Rattlesnake Bite, with a Review of Nineteen Similar Cases and Remarks on Specific Therapy*—J. F. Doughty, M. D., 231 West Eleventh Street, Tracy.

Only nineteen fatal cases of rattlesnake bite recorded. The case presented is of three-year-old boy, bitten three times. Tabulation of all reported fatal cases given with discussion of the mechanism of the bite, physiological action of the venom, and non-specific and specific treatment. Illustrated with six lantern slides, from pictures by Ralph Sweet.

4. *The Radicular Syndrome—Its Relation to Arthritis of the Spine*—Lewis Gunther, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Work done by the French school; literature briefly considered. Short discussion of lack of accurate objective observations in so-called neuralgias associated with arthritic changes in the spine. Results of studies of series of case observations made on Medical Service, University of California Hospital, and dispensary on patients whose complaints were of root nature. Relationship of such complaints with their concomitant sensory changes to osteoarthritis of the spine. Application of observations to so-called neuritic states and importance of this syndrome,

which simulates closely a multitude of visceral diseases, considered in differential diagnosis.

5. *Critical Diagnosis and Treatment of Diseases in Which Human Intestinal Protozoa are a Factor*—John V. Barrow, M. D., 701 Westlake Professional Building, Los Angeles.

1. Essentials in laboratory diagnosis giving both quantitative and qualitative knowledge of the organisms. 2. Estimating the virulence, protein load, eliminative possibilities, and host resistance. 3. Chronic diseases from general causes in which protozoa are undoubtedly a factor. 4. So-called carrier cases in which treatment may be questionable. 5. Heavily infested cases fulfilling all typical requirements specifically outlined. 6. Drugs, methods and manner of treatment specifically outlined.

SECOND MEETING

Little Theater, Auditorium
Tuesday, May 1, 2:30 p. m.

1. *A Simple Management of Achlorhydria Gastrica*—W. D. Sansum, M. D., and P. A. Gray, M. D., Santa Barbara Cottage Hospital, Santa Barbara.

Subnormal amount of hydrochloric acid in the stomach a common cause of abdominal distress, sometimes associated with alternating attacks of constipation and diarrhea. Condition usually inadequately treated by use of dilute hydrochloric acid, because only limited amounts of mineral acid can be given. During the past three years grapefruit, grapefruit juice, and lemonade have been used with excellent results.

2. *Use of Liver Extract in Pernicious Anemia*—H. A. Wyckoff, M. D., Stanford University Hospital, Clay and Webster Streets, San Francisco.

A fraction of liver, prepared by the method of Cohn and Minot, has been available through the courtesy of the Harvard Pernicious Anemia Committee. Report of four undoubted cases of pernicious anemia treated with this substance. Typical response obtained in all cases including rise in reticulocytes and prompt rise in blood count and hemoglobin to approximately normal levels. Discussion of the dosage, indications and character of blood change produced by this treatment.

3. *Abdominal Food Allergy*—Albert H. Rowe, M. D., 242 Moss Avenue, Oakland.

Food allergy is frequent cause of abdominal pain and indigestion and has not received sufficient recognition. Patients presenting these symptoms who give positive family or personal history of allergy or who have obvious disagreements or distastes for certain foods should be investigated from point of view of food sensitization. A plan for diagnosis by history, skin tests, and by the use of "elimination diets" will be outlined and the best methods of therapy and control in the writer's experience will be discussed.

4. *The Relation of Inorganic Salts to Life Processes*—Professor Carl L. A. Schmidt, Division of Biochemistry and Pharmacology, University of California, Berkeley.

Paper will concern itself with need of animal organism for various inorganic elements which are present in most mixed diets. How the body exhibits its need for these various elements when they are withheld. Relation of such elements as calcium, phosphorus, iodine and iron to pathological conditions. How the inorganic elements are related to the acid-base balance. Brief résumé of experiments which were carried out on

an experimental squad. Summary of certain newer developments in this field of research.

5. *Pellagra*—Gordon E. Hein, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Discussion opened by R. L. Bramhall, M. D.

Clinical picture of symmetrical dermatitis, sore mouth and diarrhea, with changes in central nervous system known as pellagra. Not uncommon in San Francisco; and recent increase in cases observed. Deficient diet a common finding. Excessive alcohol apparently a predisposing factor in large per cent. No difference clinically between syndrome in patients with history of excessive alcohol and those without. Operations on gastro-intestinal tract (gastroenterostomy) seemed to bear occasionally some relation to disease in a few. Some patients with complete recovery; others with recurrences. Mortality in well-advanced cases high.

THIRD MEETING

Little Theater, Auditorium
Thursday, May 3, 2:30 p. m.

1. Chairman's Address.
2. *Social and Economic Aspect of Heart Disease*—George E. Ebricht, M. D., 719 Fitzhugh Building, 384 Post Street, San Francisco.

Recognition of heart disease as social problem; segregation of preventable and unavoidable types; knowledge increasing regarding cause of former; rheumatism; syphilis; occupational activities. Economic loss—comparison with tuberculosis; with typhoid; cost of hospitalization. Cardiac cripples—classification; education; vocational training. Cooperation of social and governmental agencies and professions; functions of each. Conclusions.

3. *The Pathogenesis of Rheumatic Heart Disease*—Walter P. Bliss, M. D., 407 Professional Building, 65 North Madison Avenue, Pasadena.

Consideration of incidence and lesions produced by rheumatic fever with especial reference to myocarditis and endocarditis; early and remote effects of disease; association of tonsillar and other foci of infection; relationship of chorea to rheumatic fever; complications with especial reference to pericarditis.

4. *The Treatment of Rheumatic Heart Disease in Children*—William W. Belford, M. D., 3235 Fourth Street, San Diego.

Need of complete and prolonged rest in bed most imperative and to be begun as quickly as possible. Foci of infection should be removed, but with care and after careful observation. Importance of nutrition of such children must not be forgotten.

5. *Adhesive Pericarditis*—John J. Sampson, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Adhesive pericarditis clinical entity; unusual load of work put on heart. Diagnosis dependent on suggestive history of severe cardiac infection with or without pericardial pain; cardiac hypertrophy disproportionate to mechanical defect of damaged valves; practical physical signs; fixation of the mediastinal contents in shifting posture, demonstrated strikingly by x-ray and electrocardiogram. Technique of electrocardiogram briefly given. Sharp delineation of otherwise doubtful cases: case histories. Infection to pericardium from pulmonary and pleural lesions such as bronchiectasis, lung abscess, and empyema. Possible relief of condition by surgical plastic procedures.

INDUSTRIAL MEDICINE AND SURGERY SECTION



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FIRST MEETING
Room B
Auditorium

Monday, April 30
2:30 p. m.

1. *Carbon Monoxid Poisoning*—Robert T. Legge, M. D., 6 Roble Road, Berkeley.

Discussion opened by M. R. Gibbons, M. D.

An industrial and domestic invisible hazard. The significance of small amounts inhaled by artificers. Toll in industry and in homes. Newer methods of detection and research. Its physiology, pathology, symptomatology, and treatment.

2. *External Bone Plating for Long Bones*—C. A. Dukes, M. D., 601 Wakefield Building, 426 Seventeenth Street, Oakland.

Discussion opened by W. C. Adams, M. D.

Description of technique by H. R. Allen in 1914. Description of plate used by author. Lantern slides of types used since the paper of Lambotte in 1900. Use of plate in both compound and other fractures. New method of introduction of bolts into bone without long incision. Review of cases in which plate has been used. Author's impressions relative to use of external bone plating.

3. *The Relationship of Industrial Diseases to Public Health*—W. C. Hassler, M. D., 1085 Mission Street, San Francisco.

Discussion opened by J. L. Pomeroy, M. D.

Relation of industrial diseases to health and community problems; education of workers; co-operation of lodges, unions, insurance societies, in clinics, and demonstrations. Health cards to workmen after periodic examinations; physical surveys of workers with establishment of health standards; mortality and morbidity reports; uniform statistics. Cooperation with health authorities, welfare and social agencies; promotion of proper legislation; training of industrial physicians; periodic conference.

4. *Industrial Corneal Injuries*—Raymond F. Nutting, M. D., Medical Building, 1904 Franklin Street, Oakland.

Report of different types of corneal injuries seen in 1400 consecutive cases. Importance of proper diagnosis and treatment in these cases in regard to disability both from the standpoint of the employee and employer.

5. *Medical Problems of an Industrial Medical Director*—R. A. Jewett, M. D., 2525 East Thirty-seventh Street, Los Angeles.

Similarity of ideals of medicine and industry; working methods and results somewhat different; business administration foreign to physi-

cian; medical ethics foreign to business men; successful medical director understands both. Necessity of rendering service in the light of business administration and the securing of co-operation of employer and employee. Three main divisions of industrial medical service: (a) Care of the injured; (b) Safety, sanitation and hygiene; (c) Care of the sick.

SECOND MEETING

Auditorium, Memorial Hall

Tuesday, May 1, 2:30 p. m.

1. Election of Officers.
2. *Isolated Tuberculosis of the Carpus—Diagnosis and Treatment*—Merrill C. Mensor, M. D., 1214 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion by Leonard Ely, M. D., and Emile Holman, M. D.

Presentation of the second reported case in medical literature of isolated tuberculosis of the carpal navicular with a new and conservative method of operative treatment and its subsequent course. The similarity between inflammatory and traumatic lesions in the carpus and the difficulty of differential diagnosis.

3. *The Trend in Industrial Dentistry, Including Some Observations in Europe*—Guy Millberry, D. D. S., San Francisco.

Many industrial plants have introduced dental service into their general health service. One hundred per cent of all workers need dental service. How far shall this be projected into the industrial field? The general tendency in America is to limit it to emergency service examinations and prophylaxis. In Europe it is more widely inclusive, especially in Great Britain and Germany.

4. *Traumatic Pneumonia*—Stewart V. Irwin, M. D., Dalziel Building, 532 Fifteenth Street, Oakland.

Discussion opened by Ernest Falconer, M. D.

Definition, diagnosis, clinical types, animal experiments, pulmonary tissue changes comparable to "traumatic pneumonia," lesions in humans demonstrated. Factors concerned in production of localized infectious process—hemorrhagic infiltration; its relationship to development of typical microbic pneumonia—course and prognosis. Injury and compensation for accidents.

5. *Organization Needs of Western Industrial Hygiene*—W. P. Shepard, M. D., 600 Stockton Street, San Francisco.

Discussion opened by C. O. Sappington, M. D.

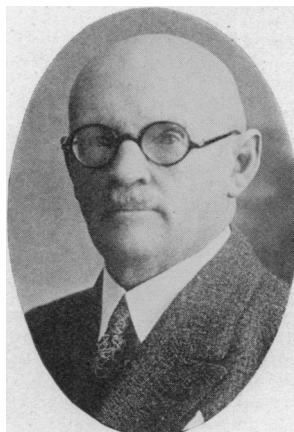
Diversity and uniqueness of industrial hygiene problems; illustrations from actual observations in the West. Similarity of industrial hygiene problems; need for interchange of ideas; constant menace of lack of funds; gap which exists between industrial hygiene departments and community health agencies. Advantage from an organization of industrial physicians; clearing house; standardization; pooling of results for mutual support. Suggestions for organization.

6. *Industrial Psychiatry*—Jau Don Ball, M. D., 301 Flood Building, 870 Market Street, San Francisco.

Discussion opened by R. L. Richards, M. D.

1. The value of psychiatry, of specialists in human behavior to industrial and labor organizations. 2. Present-day attitude of employers and employees. 3. Methods of organizing in industry for industrial psychiatry. 4. Examples for widely divergent California industries that have attempted to use industrial psychiatry. 5. Outlook for the future of industrial psychiatry.

NEUROPSYCHIATRY SECTION



V. H. PODSTATTA, M. D.

V. H. PODSTATTA, M. D.
Chairman

404 Union Square
Building
350 Post Street
San Francisco

SAMUEL D. INGHAM, M. D.
Secretary

1252 Roosevelt
Building
727 West Seventh
Street
Los Angeles

FIRST MEETING

Room A, Auditorium
Wednesday, May 2,
2:30 p. m.

1. Chairman's Address—*Mental Hygiene in Children*—V. H. Podstata, M. D.

2. *Non-Specific Protein Therapy in Mental and Nervous Diseases*—H. Douglas Eaton, M. D., 811 Medical Office Building, 1136 West Sixth Street, Los Angeles.

A brief survey of the history and theory of non-specific protein therapy in medicine and neurology. The author's experience with non-specific therapy produced by the intravenous administration of typhoid vaccine in a series of approximately thirty cases during the last two years.

3. *Psychiatry in Action*—Robert L. Richards, M. D., 409 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Joseph Catton, M. D., San Francisco.

Covering some practical work in speed, accuracy, and results as compared with other medical work.

4. *Constitutional Psychopathy: A Condition, Social and Medico-Legal, not a Disease*—Thomas J. Orbison, M. D., 503 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

Discussion opened by Joseph Catton, M. D., San Francisco.

1. Its dominant characteristics are (a) hereditary taint; (b) hyperirritability or hypoirritability of the emotional sphere; (c) imbalance of "will"; (d) imbalance of judgment; (e) perimetric irregularities in the intellectual sphere. 2. Types. 3. Frequency. 4. Psychiatric, social, and medico-legal problem necessarily associated with this condition.

SECOND MEETING

Church, Fifteenth and J Streets

Thursday, May 3, 2:30 p. m.

1. *Narcolepsy*—S. A. Kinnier Wilson, M. D., London, England.

2. *Intracerebral Hemorrhage After Injury*—Howard C. Naffziger, M. D., 417 Fitzhugh Building, 384 Post Street, San Francisco, and O. W. Jones, Jr., M. D., University of California Hospital, San Francisco.

Three cases are presented illustrating single large intracerebral hemorrhages operated upon with recovery. Survey of the literature of "Spat

apoplexia." Comments on diagnosis and treatment.

3. *A New Method of Recording Tremor—With Some Account of Its Clinical Significance*—Henry G. Mehrtens, M. D., Lane Hospital, San Francisco, and Pearl S. Pouppirt, M. D., 2355 California Street, San Francisco.

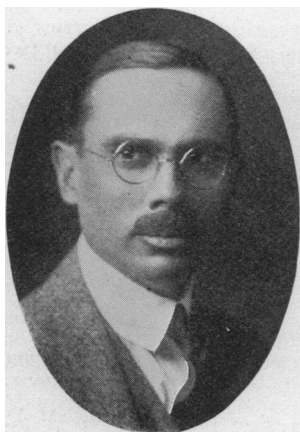
Discussion opened by Walter Schaller, M. D., San Francisco.

The physiology of tremor. Older methods of recording. The new instrument with examples of its work. Showing the possibility of the analysis of tremors. The tremor of the normal individual. The possibility of grouping normal individuals on basis of their tremors. The parallel between tremor and personality. Demonstration of pathologic tremors. Effect of drugs on tremors.

4. *Mental Disturbances in Tumors of the Brain*—I. Leon Meyers, M. D., 517 Hillstreet Building, 817 South Hill Street, Los Angeles.

1. Mental changes resulting from general intracranial pressure. 2. Mental disturbances resulting from focal brain lesions. (a) Subtentorial lesions. (b) Frontal lobes. (c) Hypophysis. (d) Occipital lobe. (e) Temporal lobe.

OBSTETRICS AND GYNECOLOGY SECTION



JOHN A. SPERRY, M. D.

JOHN A. SPERRY, M. D.
Chairman
903 Medico-Dental
Building
490 Post Street
San Francisco

KARL L. SCHAUPP, M. D.
Secretary
835 Medico-Dental
Building
490 Post Street
San Francisco

FIRST MEETING
Church
Fifteenth and J
Streets
Monday, April 30
2:30 p. m.

1. Chairman's Address—*Partial Resection of Polycystic Ovaries*.

2. *Spontaneous Hematoma of the Abdominal Wall*—Alice F. Maxwell, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Discussion opened by Ludwig A. Emge, M. D., San Francisco.

Review of literature. Material studied from standpoint of etiology, clinical symptoms, differential diagnosis, treatment, and prognosis. Presentation of a case of non-traumatic rupture of the epigastric artery, occurring in a woman late in pregnancy. Treatment.

3. *Ethical, Legal, and Clinical Aspects of Tubal Ligation*—Ludwig A. Emge, M. D., 506 Union Square Building, 350 Post Street, San Francisco.

Discussion opened by Olga McNeile, M. D., Los Angeles.

Medico-legal, ethical, and clinical aspects of sterilization of women. The California law is

considered in particular. Conscientious objections. Clinical indications, methods, and end-results. The clinical study is based on observations on material drawn from the Stanford women's clinic and the writer's private practice.

4. *Radiation Therapy in Uterine Fibromyomata*—W. E. Costolow, M. D., 1407 South Hope Street, Los Angeles.

Discussion opened by Clarence Toland, M. D., Los Angeles.

Experiences with radium and deep x-ray therapy in the treatment of over five hundred cases of uterine fibromyomata (1921 to 1926 inclusive). The location of the tumor is a more important factor in determining the type of treatment than the size of the growth or the age of the patient. In uncomplicated bleeding fibroids, radiation is the treatment of choice.

SECOND MEETING

Church, Fifteenth and J Streets

Tuesday, May 1, 2:30 p. m.

1. *Uterine Bleeding in the Absence of Gross Pelvic Pathology*—C. F. Fluhmann, M. D., Stanford University Hospital, 2398 Sacramento Street, San Francisco.

Discussion opened by Frank W. Lynch, M. D., San Francisco.

A study of seventy-one cases. Classification based on clinical manifestation of bleeding. Finding from examination of curettings. Relation between clinical manifestation of bleeding and the histopathological examination. Immediate and remote causes of bleeding. Outline of treatment.

2. *Sterility*—Olga McNeile, M. D., 610-12 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

Discussion opened by Ludwig A. Emge, M. D., San Francisco.

Common cause of sterility. Unusual causes. Sterility in the male. Sterility following abortions, prevention of conception and following abdominal section. Treatment. Results of various forms of treatment. Dangers. Percentage of pregnancy in my series of cases.

3. *Dry Labor*—Margaret Schulze, M. D., University of California Hospital, Fourth and Parnassus Avenues.

Discussion opened by Henry A. Stephenson, M. D., San Francisco.

Analysis of six hundred cases in which membranes ruptured before labor or with the first pain. Causes of premature rupture. Influences upon length of labor, type of pains, operative incidence, maternal morbidity, fetal mortality. Analysis of causes of fetal death. Results of induction of labor.

4. *Krukenberg Tumor of the Ovary with Report of Two Cases*—Roy E. Fallas, M. D., 625 Merchants National Bank Building, 548 South Spring Street, Los Angeles.

Discussion opened by John A. Sperry, M. D., San Francisco.

Résumé of cases reported. Report of two additional cases. Discussion of etiology, pathology, and prognosis.

PATHOLOGY AND BACTERIOLOGY SECTION



ROY W. HAMMACK, M. D.

ROY W. HAMMACK, M. D.
Chairman
1003 Pacific Mutual
Building
523 West Sixth Street
Los Angeles

W. T. CUMMINS, M. D.
Secretary
Southern Pacific
Hospital
San Francisco

FIRST MEETING
Room C, Auditorium
Tuesday, May 1
2:30 p. m.

1. Chairman's Address.
2. *Mussel-Poisoning in California*—Karl F. Meyer, Ph.D., Hooper Foundation, University of California, San Francisco.

Between July 14 and 19, 1927, approximately one hundred and two people living in the counties adjacent to San Francisco Bay were poisoned by eating mussels (*Mytilus californianus*) gathered on the coast. Six people (five men and one child) who had eaten nothing but mussels died with the clinical picture of the paralytic form of mussel-poisoning in from three to ten hours after the consumption of the steamed or raw shellfish. A highly potent nerve poison has been extracted and studied in the laboratory. The origin of the poison will be discussed.

3. *A Simple Conception of the Relation of Chronic Cystic Mastitis to Cancer of the Breast*—A. R. Kilgore, M.D., 724 Medico-Dental Building, 490 Post Street, San Francisco.

Chronic cystic mastitis, or abnormal involution can be divided into two distinct pathological types according as the epithelium of the individual gland element is hyperplastic or atrophied. The hypertrophic type would be expected to be precancerous and it is clinically confirmed. The reverse is true of the atrophic type. Predominance of either type presents distinctive gross pathological features, which are recognizable at the operating table and on which treatment may be based.

4. *The Bone Sarcoma Registry*—Edwin I. Bartlett, M.D., 1020 Medico-Dental Building, 490 Post Street, San Francisco.

The Bone Sarcoma Registry was founded by Codman in 1920. The committee has grown from three to eleven members. The purpose of the registry is the intensive study of this phase of pathology with the aid of clinical records, roentgenologic photographs, gross and microscopic material. One of the chief accomplishments has been the development of a classification. A survey is made of the work accomplished. The profession is invited to submit to the committee data of cases encountered in their practice.

5. *Clinical Value of Tuberculin Prepared from Non-Protein Culture Media—Skin Tests in Children*—Frederick Ebersson, M.D., and Ernst Wolff, M.D., University of California Hospital, San Francisco.

Five hundred and eighty children were tested intradermally with different tuberculin fractions and reactions are compared with O. T.; and control culture media. A series of patients negative

to O. T. and retested at intervals with one fraction and O. T. for comparison showed with the fractions more extensive and intense reactions after twenty-four hours. Allergy, especially following treatment with improvement, could be measured with greater accuracy and the diagnostic property of the tuberculin fraction appeared to be superior to that of ordinary O. T.

SECOND MEETING

Room C, Auditorium

Thursday, May 3, 2:30 p. m.

1. *The Certification of Laboratories by the State Department of Health*—W. H. Kellogg, M. D., State Hygienic Laboratory, Berkeley.

The paper is a review of the operation of the system of voluntary laboratory approval by the State Board of Health, including the method of determining eligibility, the forms of certificates, the number of laboratories approved, analysis of laboratory situation regarding training and qualifications of workers, scope of work done, medical training of directors, etc., the new state law governing the approval of municipal laboratories and the certification of laboratory technicians by the State Department of Health.

2. *Protozoan Infestations in a Group of Medical Students—Effects of Stovarsol*—H. E. Butka, M. D., White Memorial Hospital, Los Angeles.

The work comprises a study of the findings in seventy-five medical students, including the type of parasites found and the results of the administration of stovarsol alone.

3. *Fibrous Myocarditis*—Franklin R. Nuzum, M. D., and Richard D. Evans, M. D., Cottage Hospital, Santa Barbara.

Fibrous myocarditis is one of the commonest of clinical diagnoses in terminal events and one which usually is not substantiated at the post-mortem examination. Necropsy statistics are analyzed to determine the actual incidence and cause of this condition. The justifiability of the clinical diagnosis, fibrosis of the myocardium, is discussed.

4. *The Combination of Carcinoma and Sarcoma, with Case Reports*—Ernest M. Hall, M.D., Stanford University Medical School, San Francisco.

Ten cases are reported in which carcinoma and sarcoma occur together in the same tumor. Although these are comparatively rare tumors, five have been observed in the Stanford pathological laboratory during the past year. The literature is reviewed and probable etiology discussed. Gross and histological descriptions are accompanied by lantern slides.

5. *Sarcoma of the Thyroid*—Elmer W. Smith, M.D., St. Mary's Hospital, San Francisco.

A brief résumé of the rather scanty and somewhat indefinite literature is presented. Stress is laid upon the possibilities of confusion that may arise with regard to embryonal carcinomas which are occasionally encountered and which may be mistaken for sarcomas. The subject was suggested to the author after studying two cases of lymphomatous tumor of the thyroid. Data will be presented.

6. *Total Base in Gastric Secretions*—Katherine M. Close, M.D., Professional Building, 1052 West Sixth Street, Los Angeles.

Subject is introduced by an historical résumé. Objects of author's experiments were as follows: 1. To prove presence of base in gastric secretion. 2. Its secretion by gastric mucosa. 3. Its variations during secretory phase. 4. Its variations in gastro-enterostomy cases, etc. Stimulant was histamin. The human and the dog's stomach were studied. The results are discussed.

PEDIATRICS SECTION



A. J. SCOTT, M. D.

A. J. SCOTT, M. D.
Chairman
900 California Medical
Building
1401 South Hope
Street
Los Angeles

FRANCIS S. SMYTH, M. D.
Secretary
University of California
Hospital
Fourth and Parnassus
Avenues
San Francisco

FIRST MEETING
Little Theater
Auditorium
Wednesday, May 2
2:30 p. m.

1. Chairman's Address—*Activities of Los Angeles Heart Board*—A. J. Scott, M. D.

Organization and foundation of the board. General types of heart cases seen. General management of heart cases—the general rationale of the treatment is given.

2. *Work of Armand-Delille on the Development of Tuberculous Lesions in the Lungs of Infants*—Langley Porter, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco. (To be read by Clain Fanning Gelston, M. D., 409 Fitzhugh Building, 384 Post Street, San Francisco.)

The slides, which were prepared by Dr. Paul F. Armand-Delille of Paris, illustrate the development of the lung lesions in infants exposed to known contacts, together with sections showing the postmortem condition in the lungs of each individual.

3. *Tuberculosis in Infants and Young Children*—Lloyd B. Dickey, M. D., Stanford University Medical School, 2398 Sacramento Street, San Francisco.

Although the mortality of tuberculosis in the very young is quite high as compared with adult tuberculosis, it is probably not nearly so high as is generally believed. Many infants and young children, some with definite histories of intimate exposures, are capable of taking care of tuberculous infections to a satisfactory degree. Case reports, with roentgenograms, are submitted, illustrative of this.

4. *Hearing Impairments in Children*—Lawrence K. Gundrum, M. D., 1920 Wilshire Boulevard, Los Angeles.

Cause of deafness; nose, throat, and general conditions. Deaf children from clinics and private practice tested with the Jones-Knudsen audio-amplifier. Cause when possible was determined. Treatment: removal of infected tonsils and adenoids; treatment of sinusitis; hygienic measures instituted; removal of infected lymph tissue in pharynx, etc. Tests made at one, two, and six months' intervals and at end of year. Improvement in majority of cases.

5. *Child Hygiene Division of Los Angeles County Health Department*—Elisabeth M. Saphro, M. D., 330 North Broadway, Los Angeles.

Child hygiene began along two different lines in America: infant hygiene and school hygiene.

Later a third, prenatal hygiene, was added. To-day all three in a closely interlocking scheme are considered necessary. Various new phases in the development of preventive medical education are considered. (Lantern slides.)

SECOND MEETING

Clinic at the Sutter Hospital
Twenty-Eighth and L Streets
Thursday, May 3, 2:30 p. m.

Clinic on Poliomyelitis.*

Cases presented by Edward Saunders Babcock, M. D., 205 Physicians Building, 1027 Tenth Street, Sacramento.

Discussion by William Palmer Lucas, M. D., San Francisco; Clain Fanning Gelston, M. D., San Francisco; and Edward B. Shaw, M. D., San Francisco.

* Cars and buses will leave the Auditorium and the Senator Hotel to take visitors to the Clinic on Poliomyelitis at the Sutter Hospital.

RADIOLOGY SECTION



HAROLD ZIMMERMAN, M. D.

H. ZIMMERMAN, M. D.
Chairman
610 Physicians
Building
1027 Tenth Street
Sacramento

ROBERT F. KILE, M. D.
Secretary
St. Francis Hospital
900 Hyde Street
San Francisco

FIRST MEETING
Room B
Auditorium
Tuesday, May 1
2:30 p. m.

1. *Foreign Bodies in the Bronchus*—James B. Bullitt, M. D., 208 St. Claire Building, San Jose.

Discussion opened by R. G. Karshner, M. D.

A new symptom. Foreign body (walnut kernel) in bronchus. Spontaneous extrusion. A new fluoroscopic symptom—the bronchus being blocked, the foreign body acting as a valve, the side affected showed air distention; the new symptom consisted in the fluoroscopic observation of the displacement toward the affected side of the heart with each inspiration.

2. *The Diagnostic Value of Dental Radiographs*—Paul J. Boyens, D. D. S., San Francisco.

Discussion opened by L. C. Kinney, M. D.

1. Normal alveolar process showing those constant and indisputable signs which constitute the normal (and healthy). 2. Telltale changes denoting the earliest departures from the normal—also progressively increasing lesions. 3. How to avoid deception through anatomic variations. 4. Pyorrheal absorption—insipient, advanced and hopeless stages. 5. Retained or residual infections in edentulous mouths. 6. Infections not visible in the radiograph, and how they may be

determined. 7. Dental abnormalities, other than those of an infectious nature, which may cause systemic reactions. (Lantern slides.)

3. *Experience in Treatment of Malignancy with Colloidal Lead, with and without Irradiation*—D. S. Pulford, M. D., and J. D. Lawson, M. D., Woodland Clinic, Woodland.

Discussion opened by Albert Soiland, M. D.

Experience in treatment of malignancy with colloidal lead, with and without irradiation. A preliminary report on some thirty cases of malignancy treated with lead, with autopsy findings in six cases, especially the effect of lead on malignant cells.

4. *Indication and Contraindication for X-Ray Therapy in Fibroid Tumors*—Fred Lindemberger, M. D., 1244 Roosevelt Building, 727 West Seventh Street, Los Angeles.

Discussion opened by A. C. Seifert, M. D.

Fibromyomata do not represent a pathological uniformity, but vary in their construction. Accordingly their treatment varies depending upon the site of development, and their degenerative changes. Only a certain percentage of fibroids are responsive to x-ray therapy. I wish therefore to stress the importance of surgical interference in those cases of fibromyomata in which radio therapy is of doubtful benefit.

SECOND MEETING

Room D, Auditorium

Wednesday, May 2, 2:30 p. m.

1. *Infected Antra in Children*—D. M. Ghrist, M. D., 215 Lawson Building, Glendale.

Discussion opened by Harold Zimmerman, M. D.

We have noted that rather a large per cent of children suffering from colds in head do not obtain relief from the removal of tonsils and adenoids. Of this persistent group, we find surprisingly many have antrum involvement which can be demonstrated roentgenologically. (Lantern slides.)

2. *Fluoroscopy Examination of Paranasal Sinuses*—Robert A. Powers, M. D., 1319 Tasso Street, Palo Alto.

Discussion opened by Harold Zimmerman, M. D.

The frequency of contributing paranasal sinus infection in bronchopulmonary disease. Recent articles on this subject. Information concerning the sinuses which may be obtained during routine fluoroscopy. Limitations of fluoroscopy; not a substitute for radiography. Fluoroscopic findings checked by radiography in fifty cases.

3. *Functional Disorders of Gastro-Intestinal Tract as Shown by the X-Ray*—H. E. Ruggles, M. D., 320 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by R. G. Taylor, M. D.

Everyday evidence of nervous influence upon the gastro-intestinal tract, subjective and objective. Direct evidence afforded by roentgenological observation, showing changes in stomach, duodenum and colon, due to emotional factors.

4. *Modified Technique to Obtain Rapid Pyelograms with Patient Under an Anesthetic*—John R. O'Neill, M. D., St. Francis Hospital, 900 Hyde Street, San Francisco.

Discussion opened by I. S. Ingber, M. D.

A method is described to reduce the time of exposure to one-quarter second, in order that distortion, due to movement, may be reduced to a minimum.

UROLOGY SECTION



E. SPENCE DE PUY, M. D.

E. SPENCE DE PUY, M. D.
Chairman
202 Dalziel Building
532 Fifteenth Street
Oakland

WILBUR B. PARKER, M. D.
Secretary
Brack Shop Building
527 West Seventh
Street
Los Angeles

FIRST MEETING
Auditorium, Room C
Monday, April 30
2:30 p. m.

1. Chairman's Address.
2. *Experience with the Colling's Electrotome*—Charles S. Vivian, M. D., Phoenix, Arizona, and Robert V. Day, M. D., 704 Detwiler Building, 412 West Sixth Street, Los Angeles.

Discussion opened by Miley B. Wesson, M. D.

The principles of the treatment. Type of case suitable. Brief description of typical cases and technique of treatment. Bladder neck obstruction. Growths and obstructions in the posterior urethra. Growths in the bladder. Results obtained. Limitations of the instrument. Summary and conclusions.

3. *Traumatic Hydrocele*—Miley B. Wesson, M. D., 1275 Flood Building, 870 Market Street, San Francisco.

Discussion opened by Otto R. Frasch, M. D.

Trauma of questionable importance as etiological factor of hydrocele. Expediency and economic factors encourage tendency to ignore the fundamental underlying infection and to emphasize strain or bruise. Traumatic hydrocele becoming a popular diagnosis and correspondingly expensive to employers of labor. Literature is reviewed; cases reported in abstract.

4. *Diphtheritic Membrane on Bladder Trigone*—Nathan Hale, M. D., 400 Capital National Bank Building, 700 J Street, Sacramento.

Discussion opened by Robert V. Day, M. D.

Case report of diphtheritic membrane on bladder trigone with diphtheria bacilli present in the urine.

5. *Treatment of Malignant Tumors of the Bladder—Special Reference to Surgical Diathermy*—William E. Stevens, M. D., Flood Building, 870 Market Street, San Francisco.

Discussion opened by Joseph Walker, M. D.

Review of literature. Relative value of surgical diathermy, surgery, radium, and roentgen therapy. Case reports. Conclusions.

SECOND MEETING

Room C, Auditorium

Wednesday, May 2, 2:30 p. m.

1. *Radiation Treatment of Certain Kidney Disorders with Special Reference to Hypernephroma*—Albert Soiland, M. D.; William E. Costolow, M. D.; Orville N. Meland, M. D., 1407 South Hope Street, Los Angeles.

Discussion opened by Lloyd Bryan, M. D.

The important uses of radiation in kidney conditions are (1) in checking kidney and bladder hemorrhage; (2) in tuberculous infections, especially postoperative tuberculous sinuses; (3) in the destruction of certain neoplasms, especially

hypernephroma. Report of an inoperable hypernephroma case, well five and one-half years after radiation treatment.

2. *Fatal Embolus Due to Inflation of Bladder with Air*—Charles P. Mathé, M. D., 844 Phelan Building, 760 Market Street, San Francisco.

Discussion opened by Charles S. Vivian, M. D.

1. Occurrence of fatal embolus due to inflation of bladder with air. Incidence obtained from questionnaire and literature. 2. Etiology. Air harmless in normal bladder. Bladder lesions, however, facilitate entrance into blood stream. 3. Case report. 4. Conclusions condemning dilatation with air and suggesting inflation with mild antiseptic solutions only.

3. *Leukoplakia of the Kidney Pelvis*—Adolph A. Kutzmann, M. D., 403 Professional Building, 1052 West Sixth Street, Los Angeles.

Discussion opened by Thomas E. Gibson, M. D.

Leukoplakia of the kidney pelvis, important because of (1) relative rarity; (2) relationship to malignancy; (3) unknown etiology and pathogenesis. Case reported. Etiology, two theories: (1) Process one of metaplasia or adaption by cornification to an inflammatory environment. (2) Misplaced embryonal rests of primitive ectoderm. Symptomatology, that of associated urinary condition; a chronic infection upon some definite organic lesion. Treatment: Nephrectomy, when confined to one kidney; palliative, in the form of renal pelvic lavage.

4. *Ureterography with the Dilating Catheter*—Henry A. R. Kreutzmann, M. D., 406 Central Medical Building, 1195 Bush Street, San Francisco.

Discussion opened by William Stevens, M. D., San Francisco.

Dilating catheter, devised by author, used to study the human ureter. Inserted just beyond ureteral orifice, an excellent picture of normal ureter for entire length and relation to the surrounding structures is demonstrated. Points of constriction and dilatation clearly shown. Pictures, taken in erect posture, show effect of change of position of kidney on upper third of ureter. Method of use and cases in which use indicated explained in detail.

5. *Bladder Pressure and Volume Determination as an Aid in Diagnosis, and the Description of a New Recording Instrument*—Francis E. Redewill, M. D., 686 Flood Building, 870 Market Street, San Francisco.

Physiology of filling and emptying of bladder. Study by use of fluoroscope with barium injection fluid. Determination of pressure and volume taken by new instrument devised by writer. Enervation of bladder showing value of new instrument in helping to make differential diagnosis of injury to nerves, and determine type of obstructions. Chart showing bladder readings. (Instrument will be displayed and lantern slides demonstrating its use, shown.)

ENTERTAINMENT COMMITTEE

For Women Guests

Mrs. Frederick F. Gundrum, Chairman

Mrs. Andrew M. Henderson
Mrs. George A. Spencer
Mrs. Junius B. Harris
Mrs. William A. Lindsay
Mrs. Charles B. Jones

Mrs. George A. Briggs,
Mrs. Gustave Wilson
Mrs. G. Parker Dillon
Mrs. Charles B. McKee
Mrs. Frederick F. Scatena

Mrs. Charles E. von Geldern

ENTERTAINMENT PROGRAM

Fifty-Seventh Annual Session, California Medical Association, Sacramento, April 30 to May 3

An attractive and varied program of entertainment, amusement and recreation has been planned for those who will be in Sacramento for the fifty-seventh annual session of the California Medical Association, April 30 to May 3.

Through the Sacramento Society for Medical Improvement, Sacramento will extend the old-time hospitality for which the community has been famed since the days of '49.

There will be a dinner dance, golf tournament, trap shoot, fishing, interfraternity dinner, social activities for women, and a trip to the gold mines of the famous Mother Lode section.

Dinner Dance

The dinner dance will be held Tuesday night, May 1, at the Hotel Senator. This will be a gala occasion. It will be a brilliant affair, with excellent music, favors, dancing, a fine dinner, attended by the ex-presidents, honorary members, and distinguished guests. This event will be a time for the renewal of old friendships, the making of new friends, and the full enjoyment of an annual occasion which will mark the height of the social activity in connection with the session. The dinner dance will begin at 7:30 o'clock. Be sure to get banquet tickets when registering at headquarters at the Memorial Auditorium.

Golf Tournament

A golf tournament will be held at the Del Paso Country Club, beginning at 8 o'clock on the morning of May 1. The course on which this will be held is one of the finest in the state. There will be trophies for the first, second, and third low net scores and for the first, second, and third low gross scores. One of these handsome trophies is donated by President Percy T. Phillips. A buffet luncheon will be furnished by the committee in charge at the clubhouse following the tournament. Transportation will be provided to and from the golf links for those who do not have their own cars. Boy Scouts and road signs will direct participants to the links. All registrations will be made at the golf desk in the Memorial Auditorium headquarters on April 30. Bring your clubs!

Trap Shoot

The trap shoot will begin at 9 o'clock on the morning of May 1. The shoot will be at the traps adjoining Lindbergh Aviation Field, Auburn Boulevard. There will be three events: fifty sixteen-yard targets; twenty-five handicap targets (A. T. A. rating will govern handicap) and twenty-five pairs of doubles, sixteen yards. A luncheon will be served by the committee at the clubhouse on the grounds.

There will be merchandise prizes to high gun and runner-up in each event. Shells of all makes can be purchased at the club grounds at club rates. Targets at three cents each covers all entry fees.

A registration bureau will be maintained at registration headquarters in the Memorial Auditorium to

accommodate entrants. The entry list is now open. Participants should communicate as early as possible with Dr. C. E. Schoff, chairman of the trap shoot committee, Farmers and Mechanics Bank Building, Sacramento.

The traps, which are those of the Sacramento Trap Shooting Club, constitute one of the best grounds this side of the Mississippi River. The foreground is ideal; there is plenty of shade; a new clubhouse; four concrete trap houses, fitted with Wonder traps; plenty of shade and plenty of parking space for autos. The grounds are within easy access of the city, just off a paved highway. The shoot will be handled by experienced members of the Sacramento Trap Shooting Club, which will insure a pleasant morning's recreation. There will be road signs and Boy Scouts to direct participants to the shooting grounds. Transportation will be provided to and from the grounds for those who do not have their own cars. Don't forget to bring your gun!

Trout-Fishing Trip

The disciples of Isaac Walton have a treat in store for them. The fishing season opens May 1. Arrangements have been made for a wonderful trout-fishing trip that day to fine streams about thirty miles east of Sacramento. Transportation will be provided for the fishermen and there will be guides who know right where the big fellows are waiting for the hook. Bring along your rods, tackle and boots. Angling licenses may be obtained at the trout-fishing desk at the California Medical Association headquarters in the Memorial Auditorium, April 30. This is a rare opportunity for the anglers.

Interfraternity Dinner-Smoker

The interfraternity dinner-smoker will be held April 30, beginning at 6:30 o'clock in the evening. It will be held at the Elks' Club, one of the newest and finest structures of its kind in the country. A desk will be maintained April 30 at the California Medical Association headquarters for reservations for this affair.

Trip Planned to Grass Valley Gold Quartz Mines

For members interested in visiting gold quartz mines a trip to the Grass Valley mines has been arranged for the morning of May 1. Some of these mines have been operating over seventy years and are down 8600 feet. The gold-bearing gravels are said yet to have in them today at least \$250,000,000 of the precious metal.

Nevada County saw the beginning of both sluice and hydraulic mining. The first gold ledge was discovered and the first gold quartz mill located in Grass Valley.

For members who desire a subterranean excursion the Nevada County Board of Promotion have promised to supply boots and necessary paraphernalia.

FIFTY-SEVENTH ANNUAL MEETING C. M. A., AT SACRAMENTO

April 30 to May 3, 1928

Outline of Varied Program of Entertainment

All roads will lead to Sacramento for delegates to the California State Medical Association's annual convention in California's beautiful capital city, April 30 to May 3.

Sacramento then will be at its glorious best to welcome them at this spring season. Wild flowers by the hundreds of acres will mantle its surrounding hills and border its highways, rivaled only by the man-made glory of thousands of spreading acres of fresh green new-leaved deciduous orchards.

Sacramento makes the ideal starting point from which to see the Golden State's most gorgeous wonderland—spicy forests and snow-capped mountain peaks, giant redwoods and whispering pines, rivers and waterfalls, geysers and hot springs, rock-ribbed cliffs and the whispering waves of bathing beaches—an ever changing vista of coast line, mountain, and valley.

The four great national parks in California are in this northern California region, five of its six national monuments, fourteen of its eighteen national forests. Truly Paradise land for the hunter, the fisherman, or the seeker after rest and recreation.

And the hub is Sacramento, around whose early history and the discovery of gold has been written the romance of the Golden State. The radiating routes to the region of forests and lakes take one over the paved highways which mark the trails first broken by Kit Carson and General Fremont, through canyons and along streams once populous with the gold-mad miners of '49 and '50, into the land made famous in song and story by Bret Harte, Mark Twain, and Joaquin Miller.

Eastward but four hours by automobile is Tahoe, beautiful "Lake of the Skies," at the very summit of the Sierras, 6225 feet above sea level, its seventy-two miles of shore line dotted with summer resorts and the favorite summer playground for increasing thousands each year. It is reached by the Lincoln Highway route through Placerville and the scenic American River canyon, or via Auburn and the Victory Highway through a land equally inspiring.

Westward, less than four hours, is the Pacific Ocean and the land of geysers, lakes, and medicinal hot springs in the Lake County section, "The Switzerland of America."

Northward is the beautiful canyon of the Feather River; Lassen Volcanic National Park with its smoking crater, the only active volcano in continental United States; and Shasta, "God's First Mountain" to the Klamath Indians, its everlasting snow-crowned summit, 14,161 feet, visible from the highways of the valley for more than a hundred miles.

And southward, through the Bret Harte country and the historic Mother Lode are the Calaveras Big Tree Groves, first discovered and most northerly of the giant redwoods, and incomparable, indescribable Yosemite.

Several interesting trips to outstanding points of interest are being planned by the Sacramento committees—even to trout-fishing excursions for some of the Isaac Waltons, for the trout season opens April 1.

With the promise of these trips, added to the attractions which Sacramento itself has to offer and to the interest in the business sessions of the convention, all roads, indeed, will lead to Sacramento for members of the state medical profession.

TRAIN, STAGE, OR AUTO

Sacramento's location makes it exceedingly accessible from all parts of California, whether delegates

plan to come by train, by stage, or by private motor.

Three railroads serve the state capital—the Southern Pacific, Western Pacific, and Santa Fe, in addition to the interurban electric lines from San Francisco, from Stockton, and from Chico.

For the southern California delegates, the popular train out of Los Angeles will be the West Coast Limited, the direct train from the southland, which leaves Los Angeles at 6:10 in the evening, arriving in Sacramento, without change, at 9 o'clock the next morning. Others will elect to make the trip by way of San Francisco, either on the Lark out of Los Angeles at 8 p. m., arriving in San Francisco at 9:30 a. m., or the Sunset Limited, leaving at 6:25 p. m. and arriving at 8:15 a. m. Those who choose this route can take the Sacramento train out of San Francisco at 10 a. m., arriving in the convention city at 1:15 p. m. Still others may desire to make the entire trip by daylight, in which case they will select the Daylight Limited out of Los Angeles at 7:45 a. m., arriving in San Francisco at 7:45 p. m., boarding the Statesman next morning at 7:40 and arriving in Sacramento at 10:30 a. m.

The Western Pacific will serve many in the San Francisco Bay region and other sections of the north, as will also the Santa Fe, with its electric connections from Stockton.

Four stages daily out of Los Angeles, and stage line connections with every other section of California will be available to those who prefer to travel in that manner.

BOAT TRIP SUGGESTED

For those who come or return by train through San Francisco, a trip one way by river steamer will prove a most delightful and restful diversion. Palatial steamers operate on daily schedule every night except Sunday between San Francisco and Sacramento, leaving the terminal points each evening at 6:30. The new Delta King and Delta Queen of the California Transportation Company are the finest river steamers ever built, costing in excess of one million dollars each. No hotel in the land is fitted more royally than are these boats. For a restful night trip there is nothing finer available.

FOR THE MOTORIST

Motorists from the southland have the choice of two interesting and scenic routes to Sacramento. The shorter, over the Ridge Route and through the great San Joaquin Valley, is the Golden State Highway, through Stockton, 406 miles from Los Angeles to Sacramento. This traverses the heart of the great inland valley of the state, in view, for more than half the distance, of the snow-capped Sierra Mountains.

Either coming or going over this route the delegates from southern California should plan a side trip from Merced over the all-year highway into Yosemite Valley, which at this season of the year is at its wonderful best. The waterfalls, one of Yosemite's most beautiful and interesting features, are swollen to full power at this early season, affording a sight that is not given to visitors later in the summer. If a week-end visit is planned, reservations at this season must be made in advance.

The alternate route from the south is via the Coast highway, a trip of countless beautiful ocean views, 412 miles from Los Angeles to San Francisco. Out of San Francisco two alternate routes to Sacramento are offered, one via the Carquinez bridge, greatest structure of its kind in the world, through beautiful Napa County, and past the State College of Agriculture at Davis.

The other route, a new one just recently completed and which visitors are urged not to miss, is by way of the Antioch bridge and up the river highway into Sacramento. This route travels for miles along the river levee, through the heart of the "Netherlands of America," a level garden, 120,000 acres in extent, of the richest and most productive fruit and vegetable

land in the Golden State. The trip over this route is 103 miles, and although ten miles longer than the route by way of Carquinez, is well worth the time.

Motorists from the north, coming down over the Pacific Highway, have the choice from Red Bluff of either the so-called West Side or East Side highways, each with its individual attraction.

Two transcontinental highways, the Victory and Lincoln, enter California from the East through the Sacramento gateway.

WHAT TO SEE IN SACRAMENTO

Sacramento, one of California's most historic cities, and one of its most attractive, will have many things of interest for the delegates to the medical convention and their guests.

Half a day can be spent, and at least a part of that time should be spent by every visitor in the state museum at old Sutter's Fort. This historic place, completely restored to its original form, marked the founding of Sacramento in 1839 as the first settlement in inland California—in reality cradled the real California of today. Here Captain Sutter, its founder, laid the foundation for California's present agricultural wealth; here, with the discovery of gold by James Marshall, one of Sutter's men, in 1848, began the migration to the Golden State in the historic gold rush of '49 and '50, which advanced western civilization by at least half a century and so quickly populated the state that it was admitted full-fledged to the Union on September 9, 1850.

Maintained by the state, the museum contains a collection of relics of the pioneer and gold-rush days which every lover of California history will find joy in viewing. Here are preserved the ore wagons and stage coaches of those "days of gold," the tools and weapons and accoutrements of the forty-niners, the spurs and saddles of the riders of the Pony Express, and countless other treasures whose value increases with the years.

CROCKER ART GALLERY

Lovers of art will find a wonderful collection, and one of the largest in the West, in the Crocker Art Gallery, given to the city of Sacramento by the famous Crocker family whose name is written large in the early, as well as the later history of California.

THE CAPITOL

The \$8,000,000 group of stately capitol buildings, with its wonderful state library and other interesting departments, and forty-acre Capitol Park, with its trees and shrubbery from all parts of the world, will hold interest for every visitor.

One of Sacramento's beauties first remarked by visitors is its magnificent tree-lined streets. Giant elms lock branches overhead to form mile on mile of shaded lanes, and from an elevation, the older residence districts of the city appear almost hidden in the forest of trees.

GREAT CANNERIES

Many of its industrial plants will prove of interest. Its canneries, which will be getting under full blast for the season's run of fruits and vegetables, may be visited. Three of Sacramento's canneries are the largest in the state, and two of them the largest plants of their kind in the world. The recently completed American Can Company plant, where many of the cans are made in which California's fruits and vegetables are sent to the markets of the world, will be another industry worth seeing.

HOSPITALS

Perhaps of first interest to the medical men of the state will be the splendid hospitals, which rank among the foremost institutions in the state in the completeness of their facilities.

Above all, each visitor is certain to feel and appreciate the splendid spirit of hospitality for which Sac-

ramento is justly and widely famed. The capital city will offer a taste of true western cordiality which will live long in the memory of every delegate and every visitor.

TRIPS OUT OF SACRAMENTO

Several trips of exceptional interest will be made available to the convention delegates.

"The Old Gold Trail," one of the first trips chosen by eastern visitors, is of equal interest to Californians. It is a short trip of 116 miles, vibrant with historic interest, to Coloma, on the south fork of the American River, where gold was discovered by James W. Marshall on January 24, 1848.

It will take you through Folsom, first outpost from Sutter's Fort in the gold-rush days and terminus of the first twenty-two miles of railroad built in California; through El Dorado, once a populous gold camp, to Placerville, the "Hangtown" of the early fifties. Thence down into the beautiful canyon of the American River to Coloma, where the giant statue of Marshall points to the spot on the river below where the epochal discovery of gold was made in the mill race on Sutter's mill.

On to Auburn, a beautiful little city which still has much of early-day interest, and back through the Orangevale and Fair Oaks section, Sacramento's prosperous and growing orange and olive district and one of its most attractive fruit-growing sections.

INTO BRET HARTE LAND

Another trip is that into the Mother Lode country, frequently designated the "Bret Harte Country," where are many of the now almost "ghost cities" preserved to memory in the writings of Harte and Mark Twain.

Out through Perkins and Slough House, through the scenes of the old hydraulic washings, you come to Dry Town, Amador City, Sutter Creek, and Jackson. All these are famous towns of the early mining days, and the smooth paved roads over which your automobile travels were once rough trails which echoed to the pound of hoofs of the stage-coach teams and the startling cry, "Hands up!" of the picturesque highwaymen.

At Jackson are the great Argonaut and Kennedy mines, still extracting rich toll from the Mother Lode, their workings more than a mile underground.

The trip can be continued with unflagging interest to San Andreas, Angels Camp and farther southward, but the customary destination is the Calaveras Big Tree Grove, northernmost of the groves of giant redwoods, "sequoia gigantea," and one of the finest collections still remaining of these great trees, old when Christ was born. A side trip should be made from Murphys to Mercer's Cave and to Moaning Cave, two of the largest and most wonderful of California's subterranean marvels.

TO GRASS VALLEY

Another famous section of California's mining country can be visited at Grass Valley and Nevada City, in a trip of 158 miles, through Auburn into this noted region, and back by way of Marysville and the Garden Highway.

At Grass Valley the great Empire and North Star mines, which have been producing gold for sixty-five years, and are two of the richest and deepest mines in the world, may be visited. Nevada City, four miles beyond, is even more picturesque in its reminders of the early days, and is still the center of an area of producing mines.

Then over the old gold trail through Rough and Ready and other historic camps now only memories, to Marysville, center of a rich agricultural area and scene of gold-dredging operations, where the gravels

of the Yuba River have yielded placer gold for many years. Then across Feather River to Yuba City, county seat of Sutter, greatest peach-producing county in the world, and return to Sacramento over the Garden Highway, which follows the levees of the Feather and Sacramento rivers through the heart of one of the richest and most productive orchard sections in all the world.

TO THE DELTA DISTRICT

A variation from the mountain trips, but of equal interest, is the drive down the Sacramento River, where the highway follows along the top of the river levee through the tremendously fertile and productive delta of the Sacramento, an area becoming famed as "The Netherlands of America." Here are 120,000 acres of garden land, the deposit of centuries of overflow from the river, now safely reclaimed and protected from flood, and yielding immense crops of every known American vegetable. Nearly 50,000 acres is planted to asparagus alone, and the canneries along the river-front, and in Sacramento, put up each year 95 per cent of the world's supply of canned asparagus. Celery, spinach, beets, onions and all the other members of the vegetable family are grown, not in backyard gardens, but in tracts of hundreds and thousands of acres.

From Rio Vista a highway leads across the delta country to Fairfield, and the round trip of 110 miles can be finished by the return through the college town of Davis, seat of California's agricultural college, which is developing rapidly into one of the most important educational institutions in the state. The return to Sacramento is via the Yolo Causeway, a "road on stilts" for many miles in spanning the Yolo bypass, wasteway for the Sacramento River in flood time.

INTO HIGHER MOUNTAINS

It is probable, from present indications, that the roads into Lake Tahoe and the higher mountain wonderlands will be open to travel by the first of April this year. If so, dozens of other trips of interest and beauty, too numerous to detail here, will be available.

Certain it is that some of the visitors will be permitted to forget the worries of practice for a day or two in fishing trips which are being planned—for April first marks the opening of the trout season, and this part of California is "fisherman's paradise."

Delegates and their friends should plan the trip to the convention in Sacramento as a holiday trip, and arrange to stay over for several days in order to see all they can find time for in this beautiful and interesting section of the Golden State.

THOMAS M. LOGAN, M. D.*

California Pioneer in Public Health and Medical Organization Work—One of the Founders of the California Medical Association

Public health work in California began with the arrival in San Francisco of Dr. Thomas M. Logan in January of 1850. He had sailed around the Horn from New Orleans in a small schooner, which had consumed four months in rounding the Cape.

Doctor Logan was born in Charleston, South Carolina, July 31, 1808. He was the son of Dr. George Logan, who had practiced medicine in Charleston for many years. Dr. Thomas M. Logan graduated from the Medical College of South Carolina in 1828, follow-

ing which he began the practice of medicine in Charleston. In 1832 he went to Europe and passed a year in attendance at the hospitals and clinical lectures in London and Paris. The first epidemic of Asiatic cholera in Europe occurred at about this time, and Doctor Logan was privileged to study this disease with much care. He returned to Charleston where he again took up the practice of medicine, remaining there until 1843, when he moved to New Orleans. In his new location he became a member of the staff of the Charity Hospital and later, in 1847, he received the appointment of visiting surgeon to the Luzenberg Hospital, established by the United States Government for the accommodation of soldiers returning from the campaign in Mexico. This hospital was closed in 1849, following which Doctor Logan took passage for San Francisco.

Shortly after his arrival in California, Doctor Logan became physician to the Strangers' Friend Society, which was apparently a welfare organization established for the purpose of rendering aid to stragglers in the vast horde of immigrants flocking to California to partake of the feast of gold in the El Dorado. Very much disillusioned, homesick, and in a run down physical condition, he tarried in San Francisco until April, when he left for a trip to the gold fields in order to recruit exhausted energy.

Stopping at Sacramento, he found that camp undated. It was necessary to use small foot bridges in order to cross the streets, and in some places boats were improvised to carry pedestrians across the flooded thoroughfares. The mining regions of the Yuba and Feather rivers offered no attraction to him, and Hangtown, now called Placerville, in the American River country, did not appeal to him as a place for permanent residence.

He returned to Sacramento in August of 1850 when he immediately began the practice of medicine, laying the foundations of public health work in California, and remaining in that city until his death on February 13, 1876.

HIS OBSERVATIONS ON THE CLIMATE OF CALIFORNIA

Doctor Logan's hobby was meteorology and medical topography. He had procured scientific instruments from the Smithsonian Institute in Washington which he set up and used continuously in making measurements of precipitation, temperature, humidity, wind velocity, etc. His records of the weather in Sacramento from 1850 to 1870 were incorporated into the records of the United States Weather Bureau upon its establishment in 1870.

His interest in the climatic, social and medical conditions in his new home state was most intense.

STUDIES CONCERNING ENDEMIC DISEASES

The status of endemic diseases and the differentiation between communicable diseases in California and in the eastern and southern states became objects of close study. There was no organization of the medical profession in those pioneer days, and Doctor Logan experienced great difficulty in obtaining desired information from medical colleagues. He knew that fellow practitioners were obtaining valuable information relative to the cause and treatment of many diseases. Some of them were withholding such information, however, for their own personal benefit and evinced no desire to impart such information to other practitioners. He made the acquaintance of a small number of medical men who were willing to provide him with such epidemiologic data as they might

* Written by Guy P. Jones, of the Department of Publications of the California State Board of Health.

gather and who were willing to reply to his questionnaires relative to the possible relationship between weather and disease. Such men were few, however, and in general, there was an utter lack of cooperation between the medical men of the early fifties.

It was not until the arrival of Dr. E. S. Cooper in 1855, that definite progress was made in organizing the medical profession in California. Doctor Cooper had come to San Francisco from Peoria, Illinois, where he had been a most successful surgeon. In San Francisco he took over the chair of physiology in the medical department of the College of the Pacific.

ORGANIZATION OF THE CALIFORNIA STATE MEDICAL SOCIETY

Logan and Cooper possessed the scientific spirit, and their acquaintance and friendship led to the organization of the California State Medical Society in March of 1856. Together they issued the call for the organization meeting which was held in Pioneer Hall, Sacramento. There were about one hundred present at this meeting, double the attendance at the organization meeting of the American Medical Association a short time before.

Dr. B. F. Keene of El Dorado County was elected president; Dr. E. S. Cooper of San Francisco, vice-president; and Dr. Thomas M. Logan of Sacramento, corresponding secretary. A large number of committees were appointed and a definite program of work was outlined. All men who called themselves doctors of medicine, regardless of qualifications, were admitted to the society. This was necessary in order to bring the organization into existence. There were three parties, or cliques, each of which developed considerable strength during the two years that followed the organization of the society. One of these was composed of the earlier residents of California, "old established practitioners," who were willing to have medical discussions provided only certain men were allowed to participate. Another group, small in number, was composed of old as well as recent arrivals, men who were anxious to see justice done to all; and who had no animosities to settle and who were strongly bent upon making the society one for real medical improvement. The third group, composed mostly of newcomers, were ready to make concessions for maintaining harmony. There was violent conflict between the first and the third groups. The first group had long been accustomed to habits of idleness, avidness and ease; and its members were more fond of amusement than study and could not brook the idea of being compelled to go to work in earnest for the advancement of medicine on this coast, nor could they bear the thought of losing their claims of prestige through the organized system, study and activity of others. These conditions led to open warfare and violent meetings. As a result, the activities of the State Medical Society ceased in 1860, and for ten years there was really no society in existence, although a paper organization was carried on for four or five years. Doctor Cooper died in 1862 at the age of forty-six.

In 1863 Doctor Logan was appointed by the American Medical Association, at its annual meeting, as chairman of a special committee on the medical topography of the Pacific Coast. This provided him with authorization for carrying on his public health activities. He sent questionnaires concerning communicable diseases to medical men throughout the state, continued his weather observations, wrote extensively for medical journals, and spent a large part of his time in the study of communicable diseases in California.

In 1865 one of the medical journals commented: "There is not a medical society in California nor, as far as we know, anywhere in the three states of the Pacific. It makes our ears tingle to record the shameful fact. Not even in San Francisco, where there are two hundred regularly educated physicians, is there an association of medical men."

In 1867 Doctor Logan went to Paris to attend the Medical Congress, and from that city he wrote as

follows: "So little does the great world value our devotion to the cause of that science which especially concerns itself with life and health! Without these, of what value are all the honors and glorifications of this vain world?" This statement seems to epitomize Doctor Logan's point of view, for in 1868 and 1869 his activities along public health lines increased greatly. During those years he wrote extensively upon smallpox, "mushroom poisoning," "fevers," and other subjects which have direct bearing upon the health of the general public. His prestige among members of the profession was growing, and his steadfast hold to the truth in medicine made him an outstanding figure among his colleagues.

ORGANIZATION OF CALIFORNIA STATE BOARD OF HEALTH

Meanwhile the idea of organized state boards of health had been launched on the Atlantic seaboard. Massachusetts was the first to establish the idea in concrete form by means of legislative enactment for the organization of a state board of health in the fall of 1869. Logan, in constant touch with medical affairs in the eastern states, became enthusiastic over the action taken in Massachusetts. He saw an opportunity for bringing about the realization of his dreams of twenty years. Almost single-handed he put through the legislation which brought into being the California State Board of Health, and in April of 1870 that board began its functions, which have been carried on continuously ever since. Doctor Logan became the first secretary of the board, which office he occupied until his death in 1876.

REORGANIZATION OF CALIFORNIA STATE MEDICAL SOCIETY

He was now in a position to act as leader of the medical profession in California, and he gathered together the broken strands in the organization of the State Medical Society. He issued a call for a reorganization meeting, which was held October 19, 1870, and at that meeting he was elected president of the society. In his address, made at that time, he referred to the lamentable Cooper and to the important part that Doctor Cooper had played in medical affairs in the pioneer days of California. The keynote of his address was in the statement: "We hear of triumphs over death and the grave with as much enthusiasm as the great world now reads of victories on the battlefield."

Organized public health had been established in California coincidentally with the reorganization of the medical profession, both of which were destined to operate continuously thereafter. Doctor Logan occupied the focal point in both organizations. He worked prodigiously in the advancement of the profession, and heavy demands were made upon his time for addressing societies and public meetings.

OTHER POSITIONS OF RESPONSIBILITY

He was appointed professor of hygiene in the University of California, and in 1873 was elected president of the American Medical Association.

The reports issued by Doctor Logan during the six years that he was secretary of the California State Board of Health are, in many respects, as high grade as any public health reports that are issued today. It must be remembered that they were written a decade before the period of bacteriology began. They reveal the scientific spirit of the man, his unselfishness, his energy and his desire to make himself of service to the people of his state.

He died of pneumonia, which followed a period of overwork in efforts to strengthen the public health laws of that time.

TRIBUTE BY DOCTOR HATCH

Upon his death, Dr. F. W. Hatch, his successor as secretary of the California State Board of Health, gave the following appreciation of Doctor Logan's place in medicine in California: "Nor have we forgotten the conservative spirit which he displayed in

the consideration of questions of a purely medical nature, occasionally arising in his intercourse with the members of the profession in the consultation room. It has been said that Doctor Logan was skeptical of medicine and its availability in the treatment of disease. Such was not the fact. Educated many years ago, during the era when heroic medication was in the zenith of its popularity, his later attendance, while still a young man, in the Parisian schools prepared him for the ready reception of that important system or method whose doctrines molded his subsequent life and which were so prominently conspicuous in his treatment of ordinary diseases. In his judgment, matured by his long experience, nature was to be aided rather than coerced, sustained rather than subdued, and if in the reactions that followed he erred at all, it was always on the side of nature and in defense of a sound conservatism. Yet no one who knew him will deny that on those critical occasions when promptitude of action was called for, when life itself rested upon the adoption of a bold and decisive interference, none was more quick to discover, nor more heroic in his treatment than Doctor Logan. The last few years of his life, as we all know, were devoted mainly to the study of hygiene and sanitary laws. The California State Board of Health was, in fact, the offspring of his zeal and energy in this direction—the conception of his own mind, designed to disseminate useful information among the people of the state, to gather facts regarding the climate of California and its relation to disease."

DOCTOR LOGAN'S PERSONAL AND PROFESSIONAL ATTRIBUTES

Doctor Logan's career was nothing short of remarkable. Isolated from the leaders in medical education and scientific societies in eastern states, completely separated by desert and mountain ranges, and from those advantages of civilization for which he had the deepest regard he was able nevertheless to maintain his individual scientific point of view. For several years in the early fifties, because of slow transportation, many long weary months were necessary in awaiting replies to important communications. The establishment of the Pony Express facilitated the exchange of letters with his eastern colleagues, and the building of the transcontinental railroad in 1869 ended the long isolation from which he had suffered. In the midst of the avariciousness and cupidity rampant in the days of gold he labored only for the advancement of medicine and of the public health. In those days, when educated professional men were leaving their work to gather in the precious gold, Doctor Logan remained steadfast to the ideals that were his. Everything that had to do with his profession and its influence was sacred to him. All of his intellectual attainments were given to the advance of his profession, and never did he deviate from the path of duty that lay before him. His attitude toward medicine and public health is well summarized in the following remarks made by him at the organization meeting of the California State Medical Society, March 13, 1856: "The position occupied by us as citizens of California is, by the teaching of all history, that to which the geographical march of civilization is destined to advance, with the light of truth, to the conquest of the whole earth; and whereas, the science of medicine is vitally connected with the great evangelizing social work of the diffusion of knowledge, we owe it to ourselves, to the world and prosperity, by a wise activity—the first condition of all progress—to resort to every available means which may inure to the glorious results whereto all civilized society aspires; and, although our profession as well described by one of its illustrious advocates 'is a restless profession, whose history is a constant innovation and continual discovery, its pride that it cannot stand still as the world advances in science,' so that it is impossible that the facts and discoveries in medicine can be fully appreciated, except by those who devote their whole time to its laborious study, still it is probable that by

extended facilities of information and educational improvement sufficient data for correct judgment upon the most important subject that can engage the attention of man—his life and health—may be made familiar to the public mind."

State Building.

How to Prevent Tastes in Chlorinated Waters—Serious problems have arisen in some localities in the state due to unpleasant tastes developing in public water supplies after chlorination. Such tastes may be avoided or remedied in most cases if the cause is determined.

Tastes in chlorinated water may be subdivided into three groups: First, the taste of chlorin itself may be present in the water. This is due to the fact that the dose of chlorin is larger than necessary or that it has to be maintained unusually high because of the absence of, or ineffective, filtration. The remedy in such cases is the proper control of the chlorin dose or the construction of water purification or filtration plants. The second group of tastes are due to the reaction of chlorin with organic matter, introduced by the decay of vegetation and microscopic organisms in reservoirs or by the discharge of certain organic wastes into streams and lakes used as sources of water supply. The remedy in this case is the prevention of growths of excessive numbers of micro-organisms in reservoirs by the suitable use of copper sulphate and the prevention of stream pollution by organic wastes.

Taste-producing reaction products between organic matter and chlorin frequently may be destroyed by increasing the chlorin dose which transforms the organic matter into tasteless products. In such cases an actual increase in the chlorin dose will lead to improvement in the taste of the water, which is contrary to what is usually accepted to be the case.

The third group of tastes are of great importance in sections of the country where by-product coke ovens are located. These tastes are due to the reaction of chlorin and phenolic wastes which are discharged in considerable quantities from coke plants and certain other chemical factories. When phenol reacts with chlorin, very obnoxious tastes are produced even in small concentrations. The remedy for these tastes consists of two independent procedures: The first is based on prevention, the second on destruction. In the first, the discharge of phenolic wastes into surface waters is prevented by the use of phenol recovery plants, by the treatment of such wastes in municipal sewage disposal plants, or by the quenching of coke with the wastes containing phenol; the second consists in destroying or modifying the taste-producing substances by special methods of treatment of the water supply. Three methods are available in accomplishing the result: (a) "superchlorination," which consists of the use of relatively large doses of chlorin. This leads to the destruction of the phenolic wastes. Then after a suitable reaction period, the excess chlorin is removed by the addition of sulphur dioxide gas, for otherwise chlorin tastes would be produced. (b) The destruction of phenolic wastes which may be present in the raw water by the use of potassium permanganate. (c) The third procedure is to add ammonia in small quantities to the water just previous to the addition of the chlorin dose. This results in the formation of a stable disinfectant known as "Chloramin," which does not react with the phenolic compounds to form taste-producing substances.

The prevention of tastes in water supplies is frequently a complicated problem and the solution depends upon the consideration of many local factors. The Division of Sanitation is prepared to assist local authorities in the study of these problems.—*Health News*.